



STATE OF MICHIGAN

DEPARTMENT OF HEALTH AND HUMAN SERVICES

LANSING

GRETCHEN WHITMER
GOVERNOR

ELIZABETH HERTEL
DIRECTOR

March 8, 2021

Keri Toback
Division of Program Operations – East Branch
Medicaid & CHIP Operations Group
Centers for Medicare & Medicaid Services
233 North Michigan Avenue, Suite 600
Chicago, Illinois 60601-5519

Dear Ms. Toback,

Re: Project Number 11-W-00245/5 – Healthy Michigan Plan

Enclosed is the calendar year 2020 annual report for the Healthy Michigan Plan. The report provides operational information, program enrollment, and policy changes related to the waiver as specified in the Special Terms and Conditions.

Should you have any questions related to the information contained in this report, please contact Jacqueline Coleman by e-mail at colemanj@michigan.gov.

Sincerely,


Penny Rutledge, Director
Actuarial Division

cc: Angela Garner
Nicole McKnight

Enclosure (8)

1. Title page for the state’s eligibility and coverage policies demonstration or eligibility and coverage policies components of the broader demonstration

State	Michigan
Demonstration name	Healthy Michigan Plan Project No. 11-W-00245/5
Approval date	December 21, 2018
Approval period	January 1, 2019 through December 31, 2023
Implementation date	January 1, 2020

2. Executive summary

On April 1, 2014, Michigan expanded its Medicaid program to include adults with income up to 133 percent of the FPL. To accompany this expansion, the Michigan “Adult Benefits Waiver” was amended and transformed to establish the Healthy Michigan Plan (HMP), through which the state intended to test innovative approaches to beneficiary cost sharing and financial responsibility for care for the new adult eligibility group, which was authorized under section 1902(a)(10)(A)(i)(VIII) of the Act (the “adult group”). Beneficiaries receiving coverage under the sunset ABW program transitioned to the state plan and the HMP on April 1, 2014. Individuals in the new adult population with incomes above 100 percent of the FPL are required to make contributions equal to two percent of their family income toward the cost of their health care. In addition, all newly eligible adults with income from 0 to 133 percent of the FPL are required to pay copayments through an account operated in coordination with the Medicaid Health Plan (MHP).

A MI Health Account was established for each enrolled individual to track beneficiaries’ contributions and how they were expended. Beneficiaries receive quarterly statements that summarized the MI Health Account funds balance and flows of funds into and out of the account, and the use of funds for health care service copayments. Beneficiaries have opportunities to reduce their regular monthly contributions or average utilization based contributions by demonstrating achievement of recommended Healthy Behaviors. HMP beneficiaries receive a full health care benefit package as required under the Affordable Care Act, which includes all of the Essential Health Benefits and the requirements for an alternative benefit plan, as required by federal law and regulation, and there are no limits on the number of individuals who can enroll.

In September 2015, the state sought CMS approval of an amendment to HMP to implement additional directives contained in the state law (Public Act 107 of 2013). CMS approved the amendment on December 17, 2015, which effectuated the Marketplace Option, a premium assistance program for a subset of HMP eligible beneficiaries. However, the Marketplace Option was never implemented. In December 2017, the state submitted an application to extend the HMP demonstration. In September 2018, the state submitted an additional application to amend certain elements of the HMP to comply with new state law provisions, including a community engagement requirement, and changes to eligibility for health care coverage and cost-sharing requirements for certain beneficiaries. The state also requested to end the Marketplace Option program.

As approved, beneficiaries in the demonstration between 100 percent and 133 percent of the FPL who have had 48 months of cumulative eligibility for health care coverage through HMP will be required to pay premiums of five percent of income and have completed a health risk assessment (HRA) at their next redetermination or have engaged in specified healthy behaviors within the twelve month period prior to the annual redetermination deadline as conditions of eligibility. Additionally, beneficiaries ages 19 through 62 are required to meet a community engagement requirement as a condition of HMP eligibility. On March 4, 2020, a federal judge ruled that approval of the HMP work requirements was unlawful. This ruling stopped MDHHS’ implementation and enforcement of community engagement requirements.

3. Narrative information on implementation, by eligibility and coverage policy

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
CE.Mod_1. Specify community engagement policies			
CE.Mod_1.1 Metric trends			
1.1.1 Discuss any data trends related to the overall community engagement enrollment count. Describe and explain changes (+ or -) greater than two percent.	DY 11	CE_1-8	
1.1.2 Discuss any data trends related to community engagement requirement qualifying activities. Describe and explain changes (+ or -) greater than two percent.	DY 11	CE_9-14	
1.1.3 Discuss any data trends related to beneficiaries exempt from community engagement requirements. Describe and explain changes (+ or -) greater than two percent.	DY 11	CE_15-24	
<input checked="" type="checkbox"/> The state has no metrics related to this reporting topic.			

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Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
CE.Mod_1.2 Implementation update			
1.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how the state defines: a) Beneficiaries exempt from community engagement requirements b) Qualifying community engagement activities and required hours c) Reporting frequency and hours measurement d) Situations that give rise to good cause e) Compliance actions f) Other policy changes	DY 11		
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

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Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
CE.Mod_2. Establish beneficiary supports and modifications			
CE.Mod_2.1 Metric trends			
2.1.1 Discuss any data trends related to supports and assistance: a) Overall b) Transportation assistance c) Childcare assistance d) Language supports e) Assistance with placement f) Other supports, including assistance from other agencies and entities complementing Medicaid efforts Describe and explain changes (+ or -) greater than two percent.	DY 11	CE 25-30	
2.1.2 Discuss any data trends related to beneficiaries who request or are granted reasonable modifications to community engagement requirements due to disability. Describe and explain changes (+ or -) greater than two percent.	DY 11	CE 31-32	

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CE.Mod_2.2 Implementation update			
2.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes in provided transportation, childcare assistance, language supports, placement assistance, or other supports, including assistance from other agencies and entities complementing Medicaid efforts.	DY 11		
2.2.2 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes in public programs that the state Medicaid agency is partnering with to leverage existing employment and training supports.	DY 11		
2.2.3 Describe any other program changes that have impacted the availability and accessibility of community engagement activities.	DY 11		

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2.2.4 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how the state provides reasonable modifications for beneficiaries with disabilities or connects beneficiaries with disabilities to needed supports and services.	DY 11		
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

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CE.Mod_3. Establish procedures for enrollment, verification and reporting			
CE.Mod_3.1 Metric trends – <i>No metric trend analysis is required for this reporting topic.</i>			
CE.Mod_3.2 Implementation update			
3.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or challenges to the state's: a) Application/enrollment processes to identify beneficiaries subject to or exempt from CE b) Renewal processes for the CE demonstration population c) Other planned modifications to the state's eligibility determination and enrollment processes and operations as a result of implementation of CE requirements.	DY 11		

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Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
3.2.2 From the design details outlined in the implementation plan, describe any changes or challenges with the state’s procedures for beneficiaries to report community engagement activities.	DY 11		
3.2.3 From the design details outlined in the implementation plan, describe any changes or challenges with the state’s procedures for CE entities, such as employers, volunteer supervisors, schools, and other institutions, to report community engagement activities, if applicable.	DY 11		
3.2.4 Compared to the demonstration design details outlined in the implementation plan, describe any changes or challenges with the state’s process for beneficiaries to file for an exemption.	DY 11		

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3.2.5 Compared to the demonstration design details outlined in the implementation plan, describe any changes or challenges with how the state will verify beneficiaries' compliance with CE requirements.	DY 11		
3.2.6 Describe the actions taken by the state to use additional data sources or leverage other entities to verify compliance with or identify potential exemptions from CE requirements.	DY 11		
☒ The state has no implementation updates to report for this reporting topic.			

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CE.Mod_4. Operationalize strategies for noncompliance			
CE.Mod_4.1 Metric trends			
4.1.1 Discuss any data trends related to the number of beneficiaries who have experienced: a) new suspensions b) new disenrollments Describe and explain changes (+ or -) greater than two percent.	DY 11	CE_33-34	
4.1.2 Discuss any data trends related to the number of beneficiaries who have experienced reinstatement of benefits after suspension. Describe and explain changes (+ or -) greater than two percent.	DY 11	CE_35-40	
4.1.3 Discuss any data trends related to the number of beneficiaries who have experienced re-entry after disenrollment. Describe and explain changes (+ or -) greater than two percent.	DY 11	CE_41-46	
<input checked="" type="checkbox"/> The state has no metrics related to this reporting topic.			

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CE.Mod 4.2 Implementation update			
4.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to policies around identifying beneficiaries at risk of noncompliance and strategies to assist beneficiaries at risk of noncompliance in meeting the requirements.	DY 11		
4.2.2 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to the process for compliance actions or benefit reactivation (from suspension) and/or reenrollment (from termination) once community engagement requirements are met.	DY 11		

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4.2.3 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to how a beneficiary who is about to be suspended or disenrolled will be screened for other Medicaid eligibility groups.	DY 11		
4.2.4 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes from the current renewal process, including changes for beneficiaries in suspension status due to noncompliance with CE requirements.	DY 11		
4.2.5 Compared to the demonstration design details outlined in the implementation plan, describe any changes or expected changes to the process by which beneficiaries may reenroll after disenrollment or suspension for failure to comply with CE requirements.	DY 11		

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4.2.6 Report any modifications to the appeals processes for beneficiaries enrolled in the 1115 CE demonstration.	DY 11		
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

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CE.Mod_5. Develop comprehensive communications strategy			
CE.Mod_5.1 Metric trends - <i>No metric trend analysis is required for this reporting topic</i>			
CE.Mod_5.2 Implementation update			
5.2.1 Compared to the demonstration design details outlined in the implementation plan, describe any change or expected changes to the state's strategy to communicate with beneficiaries about: a) General CE policies b) Exempt populations and good cause circumstances c) Suspension or disenrollment for noncompliance d) Reactivation following suspension or reentry after disenrollment for noncompliance	DY 11		On March 4, 2020, a federal judge ruled that approval of the HMP work requirements was unlawful. This ruling stopped MDHHS' implementation and enforcement of community engagement requirements.

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5.2.2 Describe any outreach or education activities that were conducted with CE partners, such as qualified health plans, managed care organizations, providers, or community organizations, during this reporting period.	DY 11		MDHHS regularly meets with the staff of Medicaid Health Plans to address operational issues, programmatic issues, and policy updates and clarifications. MDHHS continues to work closely with provider groups through meetings, Medicaid provider policy bulletins, and various interactions with community partners and provider trade associations. Progress reports are provided by MDHHS to the Medical Care Advisory Council (MCAC) at regularly scheduled quarterly meetings.
5.2.3 Compared to the demonstration design details outlined in the implementation plan, describe any changes or challenges with how materials or communications were accessible to beneficiaries with limited English proficiency, low literacy, in rural areas, and other diverse groups.	DY 11		Michigan's Implementation Plan includes components to support communication with beneficiaries with limited English proficiency, low literacy, in rural areas, and other diverse groups. Changes are not expected at this time.
5.2.4 Compared to the demonstration design details outlined in the implementation plan, describe any changes or challenges with the state's plan to communicate modifications of community engagement requirements to beneficiaries with disabilities.	DY 11		The state has not experienced changes or challenges with the state's plan to communicate modifications of community engagement requirements to beneficiaries with disabilities.

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5.2.5 Describe any communication or outreach conducted to CE partner organizations during this reporting period.	DY 11		The state continually communicates in regular meetings with the MCAC, Medicaid Health Plans, provider groups, and community organizations regarding upcoming changes to the Healthy Michigan Plan.
5.2.6 Describe any internal staff training conducted during this reporting period.	DY 11		MDHHS trained call center staff this year in anticipation of the previously planned implementation of work requirements.
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

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CE.Mod_6. Establish continuous monitoring			
CE.Mod_6.1 Metric trends - <i>No metric trend analysis is required for this reporting topic</i>			
CE.Mod_6.2 Implementation update			
6.2.1 Describe any analyses that the state has conducted to inform its monitoring beyond the required monitoring reports. Describe if these analyses have suggested the need to make changes in any CE policies.	DY 11		No additional changes have been made to the demonstration design. Additionally, the state cannot submit its Monitoring Protocol prior to Implementation Plan approval. The state has not conducted any analyses to inform its monitoring beyond the required monitoring reports.
6.2.2 Describe if the state has assessed the availability of transportation. If the state identified any gaps in supports, describe what steps have been taken to address those gaps.	DY 11		Michigan continues to explore other support opportunities and will provide updated information when available. The state will continue to connect members to existing resources (ex. 211 and local organizations) for the purpose of serving the Healthy Michigan Plan Community Engagement population.
6.2.3 Describe if the state has assessed the availability of childcare supports. If the state identified any gaps in supports, describe what steps have been taken to address those gaps.	DY 11		Michigan continues to explore other support opportunities and will provide updated information when available. The state will continue to connect members to 211 for existing resources and pursue discussions with the Michigan Department of Education to determine if Healthy Michigan Plan Community Engagement activities could qualify members for Child Development and Care (CDC) program eligibility.

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6.2.4 Describe if the state has assessed the availability of language supports. If the state has identified any gaps in supports, describe what steps have been taken to address those gaps.	DY 11		Michigan continues to explore other support opportunities and will provide updated information when available. The Medicaid beneficiary help line will be used to identify language access services.
6.2.5 Describe if the state has assessed the availability of placement assistance supports. If the state has identified any gaps in supports, describe what steps have been taken to address those gaps.	DY 11		Michigan continues to explore other support opportunities and will provide updated information when available.
6.2.6 Describe if the state has assessed the availability of other supports, including assistance from other agencies and entities complementing Medicaid efforts. If the state has identified any gaps in supports, describe what steps have been taken to address those gaps.	DY 11		Michigan continues to explore other support opportunities and will provide updated information when available.

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6.2.7 Describe the state’s assessment of whether qualifying community engagement activities are available during a range of times, through a variety of means, and throughout the year.	DY 11		
6.2.8 Describe if the state has conducted an assessment for areas with high unemployment, limited economic opportunities, and/or limited educational activities. If the state has identified any, has the state adjusted CE requirements in those areas?	DY 11		
6.2.9 Describe if the state has assessed that reasonable modifications and supports are available for beneficiaries with disabilities by region. Describe how the state will address gaps in supports. Note the frequency with which the state will assess reasonable modifications and the availability of supports.	DY 11		

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<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

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CE.Mod_7. Develop, modify, and maintain systems			
CE.Mod_7.1 Metric trends - <i>No metric trend analysis is required for this reporting topic</i>			
CE.Mod_7.2 Implementation update			
7.2.1 Describe if the state has developed or enhanced its systems capabilities as described in the implementation plan for: a) Eligibility and enrollment system b) CE reporting for beneficiaries c) CE reporting for other CE entities d) Integration of data from other public programs, such as SNAP and TANF e) Suspension of benefits and payments and/or termination of eligibility f) Benefit reactivation and/or reenrollment once community engagement requirements are met g) Other significant systems changes and modifications	DY 11		

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Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
7.2.2 Describe any additional systems modifications that the state is planning to implement.	DY 11		
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

4. Narrative information on implementation for any eligibility and coverage demonstration

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
AD.Mod_1. Metrics and operations for demonstrations with any eligibility and coverage policies (report for all beneficiaries in the demonstration)			
AD.Mod_8.1 Metric trends			
8.1.1 Discuss any data trends related to overall enrollment in the demonstration. Describe and explain changes (+ or -) greater than two percent.	DY 11	AD_1-5	Overall enrollment in the Healthy Michigan Plan demonstration this year showed significant growth. This may be attributable to new enrollees due to COVID-19 health insurance losses and the department's suspension on certain Medicaid renewals and case closures.
8.1.2 Discuss any data trends related to mid-year loss of demonstration eligibility. At a minimum, changes (+ or -) greater than two percent should be described.	DY 11	AD_6-11	Metrics related to mid-year loss of demonstration eligibility are currently in development. The department has suspended most Medicaid renewals and case closures due to the COVID-19 public health emergency.
8.1.3 Discuss any data trends related to enrollment duration at time of disenrollment. Describe and explain changes (+ or -) greater than two percent.	DY 11	AD_12-14	The state has reviewed the recommended metrics provided by CMS. The state plans to satisfy and refine CMS required metrics prior to completing recommended metrics. The state will review its ability to provide CMS recommended metrics for future reports.

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8.1.4 Discuss any data trends related to renewals. Describe and explain changes (+ or -) greater than two percent.	DY 11	AD_15-22	Metrics related to demonstration renewals are currently in development. The state was able to collect metric AD 15 this year reporting beneficiaries due for renewal. It should be noted that while member's still have renewal dates stored in the data warehouse, the department has suspended Medicaid renewals due to the COVID-19 public health emergency.
8.1.5 Discuss any data trends related to cost sharing limits. Describe and explain changes (+ or -) greater than two percent.	DY 11	AD_23	The cost sharing limits metric was consistent with previous reports. Typically, the state sees a larger number of beneficiaries reach their cost sharing limit in the first month of the quarter than the subsequent months.
8.1.6 Discuss any data trends related to appeals and grievances. Describe and explain changes (+ or -) greater than two percent.	DY 11	AD_24-28	The state has reviewed the recommended metrics provided by CMS. The state plans to satisfy and refine CMS required metrics prior to completing recommended metrics. The state will review its ability to provide CMS recommended metrics for future reports.
8.1.7 Discuss any data trends related to access to care. Describe and explain changes (+ or -) greater than two percent.	DY 11	AD_29-37	The state reported required access to care metrics showed an increase in active provider participation after the initial decrease at the beginning of the year. This increase is likely attributable to providers returning to more typical service levels after restrictions on available care to limit the spread of COVID-19.
8.1.8 Discuss any data trends related to quality of care and health outcomes. Describe and explain changes (+ or -) greater than two percent.	DY 11	AD_38-44	During this year, the state was able to report quality of care measures for the first time. The reported metrics reflect calendar year 2019 data. The state will review data trends on an annual basis as described in the technical specifications.

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8.1.9 Discuss any data trends related to administrative costs. Describe and explain changes (+ or -) greater than two percent.	DY 11	AD_45	Total computable demonstration administrative costs for this year amounted to \$16,036,363 as reported on the CMS 64.10 WAIV form. Administrative costs were \$4 million more than the previous year. This is attributable to the implementation of and then subsequent discontinuation of work requirements associated with this demonstration.
<input type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
AD.Mod_8.2 Implementation update			
8.2.1 Highlight significant demonstration operations or policy considerations that could positively or negatively impact beneficiary enrollment, compliance with requirements, access to services, timely provision of services, budget neutrality, or any other provision that has potential for beneficiary impacts. Also note any activity that may accelerate or create delays or impediments in achieving the demonstration's approved goals or objectives, if not already reported elsewhere in this document. See report template instructions for more detail.	DY 11		On March 4, 2020, a federal judge ruled that approval of the HMP work requirements was unlawful. This ruling stopped MDHHS' implementation and enforcement of the work community engagement requirements. The state suspended Medicaid closures on April 6, 2020 due to the COVID-19 public health emergency. Additionally, the state rescinded its work requirements for the Healthy Michigan Plan in policy bulletin MSA 20-10 published April 28, 2020.
<input type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

5. Narrative information on other reporting topics

Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
1. Financial/budget neutrality			
1.1 Current status and analysis			
1.1.1 Discuss the current status of financial/budget neutrality and provide an analysis of the budget neutrality to date. If the CE component is part of a comprehensive demonstration, the state should provide an analysis of the CE-related budget neutrality and an analysis of budget neutrality as a whole.	DY 11		
<input checked="" type="checkbox"/> The state has no metrics trends to report for this reporting topic.			
1.2 Implementation update			
1.2.1 Describe any anticipated program changes that may impact financial/budget neutrality.	DY 11		The state does not expect program changes with financial or budget neutrality impact.
<input checked="" type="checkbox"/> The state has no implementation updates to report for this reporting topic.			

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2. Demonstration evaluation update			
2.1 Narrative information			
2.1.1 Provide updates on CE evaluation work and timeline. The appropriate content will depend on when this report is due to CMS and the timing for the demonstration. See report template instructions for more details.	DY 11		The Michigan Department of Health and Human Services (MDHHS) has arranged for the University of Michigan’s Institute for Healthcare Policy & Innovation (IHPI) to serve as the Healthy Michigan Plan (HMP) independent evaluator. IHPI has developed a comprehensive plan to address the waiver objectives of the State and the Centers for Medicare & Medicaid Services (CMS). In accordance with the HMP §1115 Demonstration Waiver Special Terms and Conditions, on December 16, 2019, the State submitted an initial version of IHPI’s evaluation design for the demonstration period ending December 31, 2023. The evaluation design is still under review by CMS. Pending formal feedback from CMS, the design documents will be revised accordingly. The HMP evaluation design is pending final approval by CMS.
2.1.2 Provide status updates on deliverables related to the demonstration evaluation and indicate whether the expected timelines are being met and/or if there are any real or anticipated barriers in achieving the goals and timeframes agreed to in the STCs.	DY 11		<u>Quarter 1:</u> IHPI continued analyses of 2018 HMP survey data and longitudinal analyses of 2016, 2017, and 2018 HMP survey data. The evaluation team’s activity during this quarter included making requested revisions and final edits to the 2018 HMP Second Follow-Up Survey report and developing several new data graphics for the report. The revised version of the report was submitted to MDHHS in February 2020. This report was reviewed and approved by MDHHS in March 2020 and was submitted to CMS. Members of the IHPI evaluation team have been working with MDHHS to finalize the design for the second phase of the evaluation for the next five-year period (2019-2023). The IHPI team participated in monthly calls with MDHHS about the implementation of new HMP features and the new evaluation design. After receiving feedback from CMS on the new evaluation design for the second phase of the HMP waiver, MDHHS submitted the final version to CMS in February 2020. The Healthy

			<p>Michigan Voices beneficiary 2020 baseline survey instrument was approved by MDHHS in February 2020 and survey fielding began shortly thereafter. Approximately 800 surveys have been completed. Fielding of the survey has been temporarily put on hold due to the COVID-19 pandemic.</p> <p><u>Quarter 2:</u> IHPI prepared manuscripts and conference presentations based on findings from the HMP surveys. This quarter, analyses of the 2018 HMP Follow-Up Survey of Individuals No Longer Enrolled in HMP were underway and a report highlighting the key findings will be submitted to MDHHS in 2020.</p> <p>The IHPI evaluation team has been working with MDHHS to finalize the design for the second phase of the evaluation for the next five-year period (2019-2023). The IHPI team participated in monthly calls with MDHHS about the status of HMP changes, especially as it relates to the evaluation design. The evaluation team developed weights for the initial 892 completed Healthy Michigan Voices beneficiary 2020 baseline surveys.</p> <p><u>Quarter 3:</u> IHPI presented findings from the HMP surveys at the AcademyHealth Annual Research meeting which took place virtually in late July and early August 2020. Analyses of the 2018 HMP Follow-Up Survey of Individuals No Longer Enrolled in HMP were underway and a report highlighting the key findings will be submitted to MDHHS.</p> <p>IHPI began data coding and analysis for the 2020 baseline HMP survey which is underway. The team is planning for reporting out key findings to MDHHS staff and officials.</p>
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			<p><u>Quarter 4:</u> The IHPI evaluation team has been working with MDHHS to finalize the re-design for the second phase of the evaluation for the next five-year period (2019-2023) which is planned for a November 2020 submission. As part of this work, the IHPI team participated in an advisory call with CMS officials regarding the evaluation re-design plans to remove elements of the community engagement evaluation activities in light of legal developments. Additionally, the IHPI team attended monthly calls with MDHHS about the status of HMP program implementation delays due, in part, to the COVID-19 public health emergency.</p>
2.1.3 List anticipated evaluation-related deliverables related to this demonstration and their due dates.	DY 11		<p>The state will continue working with IHPI and CMS to complete a comprehensive demonstration evaluation design.</p>
<input type="checkbox"/> The state has no CE demonstration evaluation update to report for this reporting topic.			

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Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
3. Other demonstration reporting			
3.1 General reporting requirements			
3.1.1 Does the state foresee the need to make future changes to the STCs, implementation plan, or monitoring protocol, based on expected or upcoming implementation changes?	DY 11		The state expects future changes may be needed to demonstration STCs based on technical corrections and state legislation.
3.1.2 Compared to the details outlined in the STCs and the monitoring protocol, has the state formally requested any changes or does the state expect to formally request any changes to: a) The schedule for completing and submitting monitoring reports? b) The content or completeness of submitted reports? Future reports?	DY 11		

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Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
3.1.3 Has the state identified any real or anticipated issues submitting timely post approval demonstration deliverables, including a plan for remediation?	DY 11		
<input type="checkbox"/> The state has no updates on general reporting requirements to report for this reporting topic.			
3.2 Post-award public forum			
3.2.1 If applicable within the timing of the demonstration, provide a summary of the annual post-award public forum held indicating any resulting action items or issues. A summary of the post-award public forum should be included here for the period during which the forum was held and in the annual report.	DY 11		The state’s Medical Care Advisory Council met quarterly during the demonstration year. The meeting minutes for each meeting have been included as an attachment to this report.
<input type="checkbox"/> There was not a post-award public forum held during this reporting period and this is not an annual report, so the state has no post award public forum update to report for this reporting topic.			

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Prompts	Demonstration year (DY) and quarter first reported	Metric(s) (if any)	Summary
4. Notable state achievements and/or innovations			
4.1 Narrative information			
4.1.1 Provide any relevant summary of achievements and/or innovations in demonstration enrollment, benefits, operations, and policies (1) pursuant to the CE hypotheses (or if broader demonstration, then CE related) or (2) that served to provide better care for individuals, better health for populations, and/or reduce per capita cost. Achievements should focus on significant impacts to beneficiary outcomes. Whenever possible, the summary should describe the achievement or innovation in quantifiable terms, e.g., number of impacted beneficiaries.	DY 11		<p>The department is learning from its experiences and is dedicated to best practices preventing unintentional loss of coverage among program participants. This year, the state implemented its planned community engagement demonstration requirements until a court order to halt was issued on March 4, 2020. MDHHS notified individuals of the change online, by mail, and by phone. The department expected that an estimated 100,000 beneficiaries would have lost Medicaid coverage in 2020 had the implementation of work requirements not been blocked.</p> <p>MDHHS found during its brief implementation of work requirements that having diverse reporting options can aid reporting compliance. The department offered online, phone, and in-person reporting options. Additionally, the department found that using simple language helped promote greater understanding of the complexities of work requirements. The utilization of focus groups to assure clarity in new forms and letters was also found to be a helpful form of outreach and education.</p> <p>MDHHS also worked to rescind demonstration work requirements this year. This included communication to members, Medicaid Health Plans, and providers. The Healthy Michigan Plan webpage was updated to describe the status of the program in detail as well. Additionally, the state implemented system changes to end its community engagement processes.</p> <p>Despite delays due to the COVID-19 public health emergency, MDHHS continues to work diligently to prepare for the future implementation of currently delayed HMP program changes. While no timeline is available for the implementation of these</p>

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			changes, the department continues to plan for post public health emergency demonstration operations. Additionally, the state has seen success in making credit card payment options available for MI Health Account payments. The department has also made verbiage changes to the MI Health Account statements to help members better understand the required cost sharing.
<input type="checkbox"/> The state has no notable achievements or innovations to report for this reporting topic.			

Standard information on CMS-provided metrics									
State will report (Y/N)	Reporting topic ^a	Reporting priority	#	Metric name	Metric description	Data source	Calculation lag	Measurement period	Reporting frequency
Y	1.1.1 Enrollment	Required	AD_1	Total enrollment in the demonstration	The unduplicated number of beneficiaries enrolled in the demonstration at any time during the measurement period. This indicator is a count of total program enrollment. It includes those newly enrolled during the measurement period and those whose enrollment continues from a prior period. This indicator is not a point-in-time count. It captures beneficiaries who were enrolled for at least one day during the measurement period.	Administrative records	30 days	Month	Quarterly
Y	1.1.1 Enrollment	Required	AD_2	Beneficiaries in suspension status for noncompliance	The number of demonstration beneficiaries in suspension status for noncompliance with demonstration policies as of the last day of the measurement period	Administrative records	30 days	Month	Quarterly
Y	1.1.1 Enrollment	Required	AD_3	Beneficiaries in a non-eligibility period who are prevented from re-enrolling for a defined period of time	The number of prior demonstration beneficiaries who are in a non-eligibility period, meaning they are prevented from re-enrolling for some defined period of time, because they were disenrolled for noncompliance with demonstration policies. The count should include those prevented from re-enrolling until their redetermination date.	Administrative records	30 days	Month	Quarterly
Y	1.1.1 Enrollment	Required	AD_4	New enrollees	Number of beneficiaries in the demonstration who began a new enrollment spell during the measurement period, have not had Medicaid coverage within the prior 3 months and are not using a state-specific pathway for re-enrollment after being disenrolled for noncompliance	Administrative records	30 days	Month	Quarterly
Y	1.1.1 Enrollment	Required for states with a defined re-enrollment or re-instatement pathway	AD_5	Re-enrollments or re-instatements using defined pathways after disenrollment or suspension of benefits for noncompliance with demonstration policies	Number of beneficiaries in the demonstration who began a new enrollment spell (or had benefits re-instated) in the current measurement period by using a state-defined pathway for re-enrollment (or re-instatement of benefits), i.e., meeting certain requirements, after being disenrolled (or having benefits suspended) for noncompliance with premium requirements, community engagement requirements, or other demonstration-specific requirements.	Administrative records	30 days	Month	Quarterly
Y	1.1.1 Enrollment	Required	AD_6	Re-enrollments or re-instatements for beneficiaries not using defined pathways after disenrollment or suspension of benefits for noncompliance	Number of beneficiaries in the demonstration who began a new enrollment spell (or had benefits re-instated) in the current measurement period, have had Medicaid coverage within the prior 3 months and are not using a state-specific pathway for re-enrollment after being disenrolled for noncompliance (or re-instatement of benefits after being suspended for noncompliance)	Administrative records	30 days	Month	Quarterly
Y	1.1.2 Mid-year loss of demonstration eligibility	Required	AD_7	Beneficiaries determined ineligible for Medicaid, any reason, other than at renewal	Total number of beneficiaries in the demonstration determined ineligible for Medicaid and disenrolled during the measurement period (separate reasons reported in other indicators), other than at renewal	Administrative records	30 days	Month	Quarterly
Y	1.1.2 Mid-year loss of demonstration eligibility	Required	AD_8	Beneficiaries no longer eligible for Medicaid, failure to provide timely change in circumstance information	Number of beneficiaries enrolled in the demonstration and who lost eligibility for Medicaid during the measurement period due to failure to provide timely change in circumstance information	Administrative records	30 days	Month	Quarterly
Y	1.1.2 Mid-year loss of demonstration eligibility	Required	AD_9	Beneficiaries determined ineligible for Medicaid after state processes a change in circumstance reported by a beneficiary	Number of beneficiaries who were enrolled in the demonstration and lost eligibility for Medicaid during the measurement period because they are determined ineligible after the state processes a change in circumstance	Administrative records	30 days	Month	Quarterly
Y	1.1.2 Mid-year loss of demonstration eligibility	Required	AD_10	Beneficiaries no longer eligible for the demonstration due to transfer to another Medicaid eligibility group	Number of beneficiaries who were enrolled in the demonstration and transferred from the demonstration to a Medicaid eligibility group not included in the demonstration during the measurement period	Administrative records	30 days	Month	Quarterly
N	1.1.2 Mid-year loss of demonstration eligibility	Recommended	AD_11	Beneficiaries no longer eligible for the demonstration due to transfer to CHIP	Number of beneficiaries who were enrolled in the demonstration and transferred from the demonstration to CHIP during the measurement period	Administrative records	30 days	Month	Quarterly
N	1.1.3 Enrollment duration at time of disenrollment	Recommended	AD_12	Enrollment duration, 0-3 months	Number of demonstration beneficiaries who lost eligibility for Medicaid during the measurement period and whose enrollment spell had lasted 3 or fewer months at the time of disenrollment	Administrative records	30 days	Month	Quarterly
N	1.1.3 Enrollment duration at time of disenrollment	Recommended	AD_13	Enrollment duration, 4-6 months	Number of demonstration beneficiaries who lose eligibility for Medicaid during the measurement period whose enrollment spell had lasted between 4 and 6 months at the time of disenrollment	Administrative records	30 days	Month	Quarterly
N	1.1.3 Enrollment duration at time of disenrollment	Recommended	AD_14	Enrollment duration 6-12 months	Number of demonstration beneficiaries who lost eligibility for Medicaid during the measurement period whose enrollment spell had lasted 6 or more months (up to 12 months) at the time of disenrollment	Administrative records	30 days	Month	Quarterly
Y	1.1.4 Renewal	Required	AD_15	Beneficiaries due for renewal	Total number of beneficiaries enrolled in the demonstration who were due for renewal during the measurement period	Administrative records	30 days	Month	Quarterly

Y	1.1.4 Renewal	Required	AD_16	Beneficiaries determined ineligible for the demonstration at renewal, disenrolled from Medicaid	Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who complete the renewal process and are determined ineligible for Medicaid	Administrative records	30 days	Month	Quarterly
Y	1.1.4 Renewal	Required	AD_17	Beneficiaries determined ineligible for the demonstration at renewal, transfer to another Medicaid eligibility category	Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who complete the renewal process and move from the demonstration to a Medicaid eligibility group not included in the demonstration	Administrative records	30 days	Month	Quarterly
Y	1.1.4 Renewal	Required	AD_18	Beneficiaries determined ineligible for the demonstration at renewal, transferred to CHIP	Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who complete the renewal process, but move from the demonstration to CHIP	Administrative records	30 days	Month	Quarterly
Y	1.1.4 Renewal	Required	AD_19	Beneficiaries who did not complete renewal, disenrolled from Medicaid	Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who are disenrolled from Medicaid for failure to complete the renewal process	Administrative records	30 days	Month	Quarterly
Y	1.1.4 Renewal	Required	AD_20	Beneficiaries who had pending/uncompleted renewals and were still enrolled	Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period for whom the state had not completed renewal determination by the end of the measurement period and were still enrolled	Administrative records	30 days	Month	Quarterly
Y	1.1.4 Renewal	Required	AD_21	Beneficiaries who retained eligibility for the demonstration after completing renewal forms	Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who remained enrolled in the demonstration after responding to renewal notices	Administrative records	30 days	Month	Quarterly
N	1.1.4 Renewal	Recommended	AD_22	Beneficiaries who renewed ex parte	Number of beneficiaries enrolled in the demonstration and due for renewal during the measurement period who remained enrolled as determined by third-party data sources or available information, rather than beneficiary response to renewal notices	Administrative records	30 days	Month	Quarterly
Y	1.1.5 Cost sharing limit	Required	AD_23	Beneficiaries who reached 5% limit	Number of beneficiaries enrolled in the demonstration who reached the 5% of income limit on cost sharing and premiums during the month	Administrative records	30 days	Month	Quarterly
N	1.1.6 Appeals and grievances	Recommended	AD_24	Appeals, eligibility	Number of appeals filed by beneficiaries enrolled in the demonstration during the measurement period regarding Medicaid eligibility	Administrative records	None	Quarter	Quarterly
N	1.1.6 Appeals and grievances	Recommended	AD_25	Appeals, denial of benefits	Number of appeals filed by beneficiaries enrolled in the demonstration during the measurement period regarding denial of benefits	Administrative records	None	Quarter	Quarterly
N	1.1.6 Appeals and grievances	Recommended	AD_26	Grievances, care quality	Number of grievances filed by beneficiaries enrolled in the demonstration during the measurement period regarding the quality of care or services provided	Administrative records	None	Quarter	Quarterly
N	1.1.6 Appeals and grievances	Recommended	AD_27	Grievances, provider or managed care entities	Number of grievances filed by beneficiaries enrolled in the demonstration during the measurement period regarding a provider or managed care entity. Managed care entities include Managed Care Organizations (MCO), Prepaid Inpatient Health Plans (PIHP), and Prepaid Ambulatory Health Plans (PAHP).	Administrative records	None	Quarter	Quarterly
N	1.1.6 Appeals and grievances	Recommended	AD_28	Grievances, other	Number of grievances filed by beneficiaries enrolled in the demonstration during the measurement period regarding other matters that are not subject to appeal	Administrative records	None	Quarter	Quarterly
Y	1.1.7 Access to care	Required	AD_29	Primary care provider availability	Number of primary care providers enrolled to deliver Medicaid services at the end of the measurement period	Provider enrollment databases	90 days	Quarter	Quarterly
Y	1.1.7 Access to care	Required	AD_30	Primary care provider active participation	Number of primary care providers enrolled to deliver Medicaid services with service claims for 3 or more demonstration beneficiaries during the measurement period	Provider enrollment databases and claims and encounters	90 days	Quarter	Quarterly
Y	1.1.7 Access to care	Required	AD_31	Specialist provider availability	Number of specialists enrolled to deliver Medicaid services at the end of the measurement period	Provider enrollment databases	90 days	Quarter	Quarterly
Y	1.1.7 Access to care	Required	AD_32	Specialist provider active participation	Number of specialists enrolled to deliver Medicaid services with service claims for 3 or more demonstration beneficiaries during the measurement period	Provider enrollment databases and claims and encounters	90 days	Quarter	Quarterly
N	1.1.7 Access to care	Recommended	AD_33	Preventive care and office visit utilization	Total utilization of preventive care and office visits per 1,000 demonstration beneficiary months during the measurement period	Claims and encounters and other administrative records	90 days	Quarter	Quarterly
N	1.1.7 Access to care	Recommended	AD_34	Prescription drug use	Total utilization of 30-day prescription fills per 1,000 demonstration beneficiary months in the measurement period	Claims and encounters; other administrative records	90 days	Quarter	Quarterly
N	1.1.7 Access to care	Recommended	AD_35	Emergency department utilization, total	Total number of emergency department (ED) visits per 1,000 demonstration beneficiary months during the measurement period	Claims and encounters; other administrative records	90 days	Quarter	Quarterly

Y

1.1.7 Access to care	Recommended. Required for states with copayments for non-emergency use.	AD_36	Emergency department utilization, non-emergency	Total number of ED visits for non-emergency conditions per 1,000 demonstration beneficiary months during the measurement period. If the state differentiates emergent/non-emergent visit copayments, then non-emergency visits should be identified for monitoring purposes using the same criteria used to assess the differential copayment. If the state does not differentiate emergent/non-emergent copayments, then non-emergency visits should be defined as all visits not categorized as emergent using the method below.	Claims and encounters; other administrative records	90 days	Quarter	Quarterly
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N

1.1.7 Access to care	Recommended	AD_37	Inpatient admissions	Total number of inpatient admissions per 1,000 demonstration beneficiary months during the measurement period	Claims and encounters; other administrative records	90 days	Quarter	Quarterly
1.1.8 Quality of care and health outcomes	Required (AD_38A or AD_38B-1 - 3. States do not have to report both.)	AD_38A	Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD) [NCQA; NQF #0027; Medicaid Adult Core Set; Adjusted HEDIS measure]	This metric consists of the following components; each assesses different facets of providing medical assistance with smoking and tobacco use cessation: • Advising smokers and tobacco users to quit • Discussing cessation medications • Discussing cessation strategies	Assessment of Healthcare Providers and Systems (CAHPS) Health Plan survey, Adult Version	90 days	Calendar year	Annually
1.1.8 Quality of care and health outcomes	Required (AD_38A or AD_38B. States do not have to report both.)	AD_38B	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention (rate 1) [PCPI Foundation; NQF #0028]	This metric consists of the following components: 1. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use one or more times within 24 months 2. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention 3. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation intervention if identified as a tobacco user	Claims and encounters	90 days	Calendar year	Annually

Y

1.1.8 Quality of care and health outcomes	Required	AD_39-1	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD) [NCQA; NQF # 2605; Medicaid adult Core Set; Adjusted HEDIS measure]	Percentage of ED visits for beneficiaries age 18 and older who have a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, and who had a follow-up visit with a corresponding principal diagnosis for AOD. Two rates are reported: 1. Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 30 days of the ED visit (31 total days). 2. Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 7 days of the ED visit (8 total days).	Claims and encounters	90 days	Calendar year	Annually
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Y

1.1.8 Quality of care and health outcomes	Required	AD_39-2	Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD) [NCQA; NQF # 2605; Medicaid adult Core Set; Adjusted HEDIS measure]	Percentage of ED visits for beneficiaries age 18 and older who have a principal diagnosis of mental illness or intentional self-harm, and who had a follow-up visit with a corresponding principal diagnosis for mental illness. Two rates are reported: 1. Percentage of ED visits for mental illness or intentional self-harm for which the beneficiary received follow-up within 30 days of the ED visit (31 total days). 2. Percentage of ED visits for mental illness or intentional self-harm for which the beneficiary received follow-up within 7 days of the ED visit (8 total days).	Claims and encounters	90 days	Calendar year	Annually
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Y

1.1.8 Quality of care and health outcomes	Required	AD_40	Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD) [NCQA; NQF #0004; Medicaid Adult Core Set; Adjusted HEDIS measure]	Percentage of beneficiaries age 18 and older with a new episode of AOD abuse or dependence who received the following: 1. Initiation of AOD Treatment. Percentage of beneficiaries who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication assisted treatment (MAT) within 14 days of the diagnosis 2. Engagement of AOD Treatment. Percentage of beneficiaries who initiate treatment and who had two or more additional AOD services or MAT within 34 days of the initiation visit	Claims and encounters or EHR	90 days	Calendar year	Annually
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Y

1.1.8 Quality of care and health outcomes	Required	AD_41	PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD) [AHRQ; NQF #0272; Medicaid Adult Core Set]	The following diagnosis cohorts are reported for each rate: (1) Alcohol abuse or dependence, (2) Opioid abuse or dependence, (3) Other drug abuse or dependence, and (4) Total AOD abuse or dependence. A total of 8 separate rates are reported for this measure.	Claims and encounters	90 days	Calendar year	Annually
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Y

1.1.8 Quality of care and health outcomes	Required	AD_42	PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD) [AHRQ; NQF #0275; Medicaid Adult Core Set]	Number of inpatient hospital admissions for chronic obstructive pulmonary disease (COPD) or asthma per 100,000 beneficiary months for beneficiaries age 40 and older	Claims and encounters	90 days	Calendar year	Annually
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Y

1.1.8 Quality of care and health outcomes	Required	AD_43	PQI 08: Heart Failure Admission Rate (PQI08-AD) [AHRQ; NQF #0277; Medicaid Adult Core Set]	Number of inpatient hospital admissions for heart failure per 100,000 beneficiary months for beneficiaries age 18 and older	Claims and encounters	90 days	Calendar year	Annually
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Y	1.1.8 Quality of care and health outcomes	Required	AD_44	PQI 15: Asthma in Younger Adults Admission Rate (PQI15 AD) [AHRQ; NQF #0283; Medicaid Adult Core Set]	Number of inpatient hospital admissions for asthma per 100,000 beneficiary months for beneficiaries aged 18 to 39	Claims and encounters	90 days	Calendar year	Annually
	1.1.9 Administrative cost	Recommended	AD_45	Administrative cost of demonstration operation	Cost of contracts or contract amendments and staff time equivalents required to administer demonstration policies, including premium collection, health behavior incentives, premium assistance, community engagement requirements and/or retroactive eligibility waivers	Administrative records	None	Demonstration year	Annually

N
Add rows for any additional state-identified metrics

^a The reporting topics correspond to the prompts for reporting topic AD.Mod_1 in the monitoring report template.
End of workbook

Baseline, annual goals, and demonstration target			Alignment with CMS-provided technical specifications		Initial reporting date			
Baseline reporting period (MM/DD/YYYY--MM/DD/YYYY)	Annual goal	Overall demonstration target	Attest that planned reporting matches the CMS-provided specification (Y/N)	Explanation of any deviations from the CMS-provided specifications. Could include different data sources or state-specific definitions, policies, codes, target populations, etc.	Dates covered by first measurement period for metric (MM/DD/YYYY - MM/DD/YYYY)	Report name of first report in which the metric will be submitted (Format: DY1 Q3 quarterly report)	Submission date of first report in which the metric will be reported (MM/DD/YYYY)	State plans to phase in reporting (Y/N)
01/01/2020-03/31/2020	TBD	TBD	Y	N/A	04/01/2019 - 06/30/2019	DY10 Q2	9/30/2019	N
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N
01/01/2020-03/31/2020	TBD	TBD	Y	N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020	N
01/01/2020-03/31/2020	TBD	TBD	Y	N/A	04/01/2019 - 06/30/2019	DY10 Q2	9/30/2019	N
04/01/2020-06/30/2020	TBD	TBD	Y	N/A	04/01/2020-06/30/2020	DY11 Q1	8/31/2020	N
04/01/2020-06/30/2020	TBD	TBD	Y	N/A	04/01/2020-06/30/2020	DY11 Q1	8/31/2020	N
01/01/2020-03/31/2020	TBD	TBD	Y	N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020	N
01/01/2020-03/31/2020	TBD	TBD	Y	N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020	N
01/01/2020-03/31/2020	TBD	TBD	Y	N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020	N
01/01/2020-03/31/2020	TBD	TBD	Y	N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020	N
N/A	N/A	N/A	N	N/A	N/A	N/A	N/A	N
N/A	N/A	N/A	N	N/A	N/A	N/A	N/A	N
N/A	N/A	N/A	N	N/A	N/A	N/A	N/A	N
N/A	N/A	N/A	N	N/A	N/A	N/A	N/A	N
01/01/2020-03/31/2020	TBD	TBD	Y	N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020	N

01/01/2020-03/31/2020	TBD	TBD	Y	N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020	N
01/01/2020-03/31/2020	TBD	TBD	Y	N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020	N
01/01/2020-03/31/2020	TBD	TBD	Y	N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020	N
01/01/2020-03/31/2020	TBD	TBD	Y	N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020	N
01/01/2020-03/31/2020	TBD	TBD	Y	N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020	N
01/01/2020-03/31/2020	TBD	TBD	Y	N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020	N
N/A	N/A	N/A	N	N/A	N/A	N/A	N/A	N
01/01/2020-03/31/2020	TBD	TBD	Y	N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020	N
N/A	N/A	N/A	N	N/A	N/A	N/A	N/A	N
N/A	N/A	N/A	N	N/A	N/A	N/A	N/A	N
N/A	N/A	N/A	N	N/A	N/A	N/A	N/A	N
N/A	N/A	N/A	N	N/A	N/A	N/A	N/A	N
N/A	N/A	N/A	N	N/A	N/A	N/A	N/A	N
01/01/2020-03/31/2020	TBD	TBD	Y	N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020	N
01/01/2020-03/31/2020	TBD	TBD	Y	N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020	N
01/01/2020-03/31/2020	TBD	TBD	Y	N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020	N
01/01/2020-03/31/2020	TBD	TBD	Y	N/A	01/01/2020-03/31/2020	DY11 Q1	5/31/2020	N
N/A	N/A	N/A	N	N/A	N/A	N/A	N/A	N
N/A	N/A	N/A	N	N/A	N/A	N/A	N/A	N
N/A	N/A	N/A	N	N/A	N/A	N/A	N/A	N



N/A

The state does not have a suspension policy.

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A
Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.
Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.
Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.
Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.

N/A

N/A

N/A

N/A

N/A

N/A

N/A
Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.

N/A
Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.
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Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.
Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting

N/A

N/A

N/A

N/A

Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.

Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.

Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.

N/A

Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.

TBD

TBD

N/A

N/A

N/A

N/A

N/A

N/A

N/A

Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.





Medicaid Section 1115 Eligibility and Coverage Demonstration Monitoring Protocol

State Michigan

Demonstration Name Healthy Michigan Plan Section 1115 Demonstration

Submitted on 3/9/2021

State will report (Y/N)	Reporting Topic ^a	Reporting priority	#
Y	CE.Mod_1: Specify community engagement policies	Required	CE_1
Y	CE.Mod_1: Specify community engagement policies	Required	CE_2
Y	CE.Mod_1: Specify community engagement policies	Required	CE_3
N	CE.Mod_1: Specify community engagement policies	Required	CE_4
Y	CE.Mod_1: Specify community engagement policies	Required	CE_5
Y	CE.Mod_1: Specify community engagement policies	Required	CE_6
Y	CE.Mod_1: Specify community engagement policies	Required	CE_7
Y	CE.Mod_1: Specify community engagement policies	Required	CE_8

Y	CE.Mod_1: Specify community engagement policies	Required	CE_9
Y	CE.Mod_1: Specify community engagement policies	Required	CE_10
Y	CE.Mod_1: Specify community engagement policies	Required	CE_11
Y	CE.Mod_1: Specify community engagement policies	Required	CE_12
Y	CE.Mod_1: Specify community engagement policies	Required	CE_13
Y	CE.Mod_1: Specify community engagement policies	Required	CE_14
Y	CE.Mod_1: Specify community engagement policies	Required	CE_15
Y	CE.Mod_1: Specify community engagement policies	Required	CE_16
Y	CE.Mod_1: Specify community engagement policies	Required	CE_17
Y	CE.Mod_1: Specify community engagement policies	Required	CE_18

Y	CE.Mod_1: Specify community engagement policies	Required	CE_19
Y	CE.Mod_1: Specify community engagement policies	Required	CE_20
Y	CE.Mod_1: Specify community engagement policies	Required	CE_21
Y	CE.Mod_1: Specify community engagement policies	Required	CE_22
Y	CE.Mod_1: Specify community engagement policies	Required	CE_23
Y	CE.Mod_1: Specify community engagement policies	Required	CE_24
N	CE.Mod_2: Establish beneficiary supports and modifications	Required	CE_25
N	CE.Mod_2: Establish beneficiary supports and modifications	Recommended	CE_26
N	CE.Mod_2: Establish beneficiary supports and modifications	Recommended	CE_27
N	CE.Mod_2: Establish beneficiary supports and modifications	Recommended	CE_28
N	CE.Mod_2: Establish beneficiary supports and modifications	Recommended	CE_29
N	CE.Mod_2: Establish beneficiary supports and modifications	Recommended	CE_30
N	CE.Mod_2: Establish beneficiary supports and modifications	Recommended	CE_31

N	CE.Mod_2: Establish beneficiary supports and modifications	Recommended	CE_32
N	CE.Mod_4: Operationalize strategies for noncompliance	Required	CE_33
Y	CE.Mod_4: Operationalize strategies for noncompliance	Required	CE_34
N	CE.Mod_4: Operationalize strategies for noncompliance	Required if state has a suspension policy	CE_35
N	CE.Mod_4: Operationalize strategies for noncompliance	Recommended	CE_36
N	CE.Mod_4: Operationalize strategies for noncompliance	Recommended	CE_37
N	CE.Mod_4: Operationalize strategies for noncompliance	Recommended	CE_38
N	CE.Mod_4: Operationalize strategies for noncompliance	Recommended	CE_39
N	CE.Mod_4: Operationalize strategies for noncompliance	Recommended	CE_40
Y	CE.Mod_4: Operationalize strategies for noncompliance	Required	CE_41
N	CE.Mod_4: Operationalize strategies for noncompliance	Recommended	CE_42

N	CE.Mod_4: Operationalize strategies for noncompliance	Recommended	CE_43
N	CE.Mod_4: Operationalize strategies for noncompliance	Recommended	CE_44
N	CE.Mod_4: Operationalize strategies for noncompliance	Recommended	CE_45
N	CE.Mod_4: Operationalize strategies for noncompliance	Recommended	CE_46

- Planned metrics (CE)

Stand
Metric name

Total beneficiaries subject to the community engagement requirement, not exempt

Total beneficiaries who were exempt from the community engagement requirement in the month

Beneficiaries with approved good cause circumstances

Beneficiaries subject to the community engagement requirement and in suspension status due to failure to meet requirement

Beneficiaries subject to the community engagement requirement and receiving benefits who met the requirement for qualifying activities

Beneficiaries subject to the community engagement requirement and receiving benefits, but in a grace period or allowable month of noncompliance

Beneficiaries who successfully completed make-up hours or other activities to retain active benefit status after failing to meet the community engagement requirement in a previous month

Beneficiaries in a non-eligibility period who were disenrolled for noncompliance with the community engagement requirement and are prevented from re-enrolling for a defined period of time

Beneficiaries who met the community engagement requirement by satisfying requirements of other programs

Beneficiaries who met the community engagement requirement through employment for the majority of their required hours

Beneficiaries who met the community engagement requirement through job training or job search for the majority of their required hours

Beneficiaries who met the community engagement requirement through educational activity for the majority of their required hours

Beneficiaries who met the community engagement requirement who were engaged in other qualifying activity for the majority of their required hours

Beneficiaries who met the community engagement requirement by combining two or more activities

Beneficiaries exempt from Medicaid community engagement requirements because they were exempt from requirements of SNAP and/or TANF

Beneficiaries exempt from Medicaid community engagement requirements on the basis of pregnancy

Beneficiaries exempt from Medicaid community engagement requirements due to former foster youth status

Beneficiaries exempt from Medicaid community engagement requirements due to medical frailty

Beneficiaries exempt from Medicaid community engagement requirements on the basis of caretaker status

Beneficiaries exempt from Medicaid community engagement requirements on the basis of unemployment insurance compensation

Beneficiaries exempt from Medicaid community engagement requirements due to substance abuse treatment status

Beneficiaries exempt from Medicaid community engagement requirements due to student status

Beneficiaries exempt from Medicaid community engagement requirements because they were excused by a medical professional

Beneficiaries exempt from Medicaid community engagement requirements, other

Total beneficiaries receiving supports to participate and placement assistance

Beneficiaries provided with transportation assistance

Beneficiaries provided with childcare assistance

Beneficiaries provided with language supports

Beneficiaries assisted with placement in community engagement activities

Beneficiaries provided with other non-Medicaid assistance

Beneficiaries who requested reasonable modifications to community engagement processes or requirements due to disability

Beneficiaries who were granted reasonable modifications to community engagement processes or requirements due to disability

Beneficiaries newly suspended for failure to complete community engagement requirements

Beneficiaries newly disenrolled for failure to complete community engagement requirements

Total beneficiaries whose benefits were reinstated after being in suspended status for noncompliance

Beneficiaries whose benefits were reinstated because their time-limited suspension period ended

Beneficiaries whose benefits were reinstated because they completed required community engagement activities

Beneficiaries whose benefits were reinstated because they completed “on-ramp” activities other than qualifying community engagement activities

Beneficiaries whose benefits were reinstated because they newly meet community engagement exemption criteria or had a good cause circumstance

Beneficiaries whose benefits were reinstated after successful appeal of suspension for noncompliance

Total beneficiaries re-enrolling after disenrollment for noncompliance

Beneficiaries re-enrolling after completing required community engagement activities

Beneficiaries re-enrolling after completing “on-ramp” activities other than qualifying community engagement activities

Beneficiaries re-enrolling after re-applying, subsequent to being disenrolled for noncompliance with community engagement requirements

Beneficiaries re-enrolling because they newly met community engagement exemption criteria or had a good cause circumstance

Beneficiaries re-enrolling after successful appeal of disenrollment for noncompliance

Standard information on CMS-provided metrics

Metric description	Data source
The number of beneficiaries enrolled in the demonstration whose income and eligibility group were subject to the community engagement requirement and who did not have an individual exemption from the requirement or an approved good cause circumstance	Administrative records
The number of beneficiaries enrolled in income and eligibility groups that were subject to the community engagement requirement, but had an individual exemption from the policy. This excludes circumstances that give rise to good cause.	Administrative records
The number of beneficiaries enrolled in the demonstration who met the state criteria for good cause circumstances, such as serious illness, birth or death of a family member, severe weather, family emergencies, or life-changing event	Administrative records
The number of demonstration beneficiaries in suspension status due to failure to meet the community engagement requirement, including those newly suspended for noncompliance during the measurement period	Administrative records
The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement and met the requirement by engaging in qualifying activities	Administrative records
The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement, but did not meet the requirement. This includes beneficiaries who have not yet begun qualifying activities and those who logged some hours, but failed to meet total required hours.	Administrative records
The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement and met additional requirements to retain active benefit status after previously failing to meet the requirement. This captures beneficiaries who successfully satisfy the “opportunity to cure” requirement and therefore are not suspended (if state has this policy).	Administrative records
The number of prior demonstration beneficiaries who were disenrolled from Medicaid for noncompliance with the community engagement requirement and are in a non-eligibility period, meaning they are prevented from re-enrolling for some defined period of time. The count should include those prevented from re-enrolling until their redetermination date.	Administrative records

The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement and met the requirement by satisfying requirements in other programs such as SNAP or TANF, regardless of whether they are “deemed” by the state to be in compliance with Medicaid requirements or must take reporting action	Administrative records
The number of beneficiaries enrolled in the demonstration who were subject to and met the community engagement requirement, who were self-employed or employed in subsidized and/or unsubsidized settings. Includes both those “deemed” by the state to be in compliance with Medicaid requirements because they are working more than the number of required hours and those who must report their hours.	Administrative records
The number of beneficiaries enrolled in the demonstration who were subject to and met the community engagement requirement by engaging in on-the-job training, job skills training, vocational education and training, job search activities, job search training, a state-sponsored workforce program, or similar activity	Administrative records
The number of beneficiaries enrolled in the demonstration who were subject to and met the community engagement requirement by engaging in education related to employment, general education, accredited English-as-a-second-language education, accredited homeschooling, or a state-designated class	Administrative records
The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement and met the requirement through a state-specified activity not captured by other reporting categories, including community work experience, community service/public service, volunteer work, caregiving for a dependent, participation in substance use disorder treatment, enrollment in Medicaid employer-sponsored insurance premium assistance, or other activity	Administrative records
The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement and met the requirement by engaging in a combination of activities defined in metrics CE_10 through CE_13, such as a combination of employment and education	Administrative records
The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they were exempt from the SNAP and/or TANF work requirements. This does not include beneficiaries who are meeting SNAP and/or TANF work requirements.	Administrative records
The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are pregnant	Administrative records
The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they were formerly part of the foster care system	Administrative records
The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are identified as medically frail	Administrative records

The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are primary caregiver of a dependent child or incapacitated/disabled household member	Administrative records
The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are receiving unemployment insurance compensation	Administrative records
The number of beneficiaries enrolled in the demonstration who were exempt the community engagement requirement because they are participating in a drug or alcohol treatment and rehabilitation program	Administrative records
The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are a student enrolled a number of hours/week, defined by state	Administrative records
The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because a medical professional determined the beneficiary had an acute medical condition separate from disability or frailty	Administrative records
The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are exempt for another reason not captured by other reporting categories, including age above the upper limit defined by the state and enrollment in employer-sponsored insurance through premium assistance	Administrative records
The number of beneficiaries enrolled in the demonstration who were given supports to enable them to participate, including supports due to disability and assistance from other agencies and entities complementing Medicaid efforts	Administrative records
The number of beneficiaries enrolled in the demonstration who were given transportation assistance to enable participation in community engagement activities	Administrative records
The number of beneficiaries enrolled in the demonstration who were given childcare assistance to enable participation in community engagement activities	Administrative records
The number of beneficiaries enrolled in the demonstration who were given language supports to enable participation in community engagement activities	Administrative records
The number of beneficiaries enrolled in the demonstration who were given placement assistance, including through state department of labor support centers	Administrative records
The number of beneficiaries enrolled in the demonstration who were given other assistance, including assistance from other agencies and entities complementing Medicaid efforts, to participate in community engagement activities	Administrative records
The number of beneficiaries enrolled in the demonstration who requested a reasonable modification of community engagement processes (such as assistance with exemption requests or appeals) or requirements (such as the number of hours) due to disability	Administrative records

The number of beneficiaries enrolled in the demonstration who were granted a modification of community engagement processes (such as assistance with exemption requests or appeals) or requirements (such as the number of hours) due to disability	Administrative records
The number of demonstration beneficiaries newly suspended for noncompliance during the measurement period (if state has a suspension policy)	Administrative records
The number of demonstration beneficiaries newly disenrolled for noncompliance with community engagement requirements during the measurement period	Administrative records
The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements, including those reinstated due to compliance, determination of exemption, and successful appeal or good cause circumstances	Administrative records
The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements (if state has a suspension policy), because a defined suspension period ended	Administrative records
The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements (if state has a suspension policy), because they completed qualifying activities	Administrative records
The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements (if state has a suspension policy) because they used a special pathway for re-enrollment such as a state-approved educational course	Administrative records
The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements (if state has a suspension policy) because they were newly determined exempt or had a good cause circumstance	Administrative records
The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements (if state has a suspension policy) because they successfully appealed	Administrative records
Total number of beneficiaries re-enrolled in the demonstration during the measurement period after disenrollment in the last 12 months for noncompliance or because they were in suspended status on their redetermination date (depending on state policy), including those re-enrolling after being determined exempt or after successful appeal	Administrative records
Total number of beneficiaries re-enrolled in the demonstration during the measurement period because they completed qualifying activities, subsequent to disenrollment in the last 12 months for noncompliance or because they were in suspended status on their redetermination date (depending on state policy)	Administrative records

Total number of demonstration beneficiaries re-enrolled during the measurement period because they used a special pathway for re-enrollment such as a state-approved educational course, subsequent to disenrollment in the last 12 months for noncompliance or because they were in suspended status on their redetermination date (depending on state policy)	Administrative records
The number of beneficiaries re-enrolled in the demonstration during the measurement period because they re-applied, subsequent to disenrollment in the last 12 months for noncompliance (or because they were in suspended status on their redetermination date). This includes those who re-applied immediately after disenrollment and those who did so after a disenrollment (non-eligibility) period.	Administrative records
The number of beneficiaries re-enrolled in the demonstration during the measurement period because they were newly determined exempt, subsequent to disenrollment in the last 12 months for noncompliance (or because they were in suspended status on their redetermination date)	Administrative records
The number of beneficiaries re-enrolled in the demonstration during the measurement period after successful appeal (including retroactive determination of a good cause circumstance by the state), subsequent to disenrollment in the last 12 months for noncompliance (or because they were in suspended status on their redetermination date)	Administrative records

			Baseline, an
Calculation lag	Measurement period	Reporting frequency	Baseline reporting period (MM/DD/YYYY--MM/DD/YYYY)
30 days	Month	Quarterly	01/01/2020-03/31/2020
30 days	Month	Quarterly	01/01/2020-03/31/2020
30 days	Month	Quarterly	01/01/2020-03/31/2020
30 days	Month	Quarterly	N/A
30 days	Month	Quarterly	01/01/2020-03/31/2020
30 days	Month	Quarterly	01/01/2020-03/31/2020
30 days	Month	Quarterly	01/01/2020-03/31/2020
30 days	Month	Quarterly	01/01/2020-03/31/2020

30 days	Month	Quarterly	01/01/2020-03/31/2020
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30 days	Month	Quarterly	01/01/2020-03/31/2020
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30 days	Month	Quarterly	01/01/2020-03/31/2020
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30 days	Month	Quarterly	01/01/2020-03/31/2020
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30 days	Month	Quarterly	01/01/2020-03/31/2020
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30 days	Month	Quarterly	01/01/2020-03/31/2020
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30 days	Month	Quarterly	01/01/2020-03/31/2020
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30 days	Month	Quarterly	01/01/2020-03/31/2020
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30 days	Month	Quarterly	01/01/2020-03/31/2020
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30 days	Month	Quarterly	01/01/2020-03/31/2020
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30 days	Month	Quarterly	N/A
30 days	Month	Quarterly	N/A
			01/01/2020-03/31/2020
30 days	Month	Quarterly	
			N/A
30 days	Month	Quarterly	
30 days	Month	Quarterly	N/A
30 days	Month	Quarterly	N/A
30 days	Month	Quarterly	N/A
30 days	Month	Quarterly	N/A
			01/01/2020-03/31/2020
30 days	Month	Quarterly	
30 days	Month	Quarterly	N/A

30 days	Month	Quarterly	N/A
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30 days	Month	Quarterly	N/A
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30 days	Month	Quarterly	N/A
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30 days	Month	Quarterly	N/A
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Annual goals, and demonstration target		Align
Annual goal	Overall demonstration target	Attest that planned reporting matches the CMS-provided specification (Y/N)
TBD	TBD	Y
TBD	TBD	Y
TBD	TBD	Y
N/A	N/A	N
TBD	TBD	Y
TBD	TBD	Y
TBD	TBD	Y
TBD	TBD	Y

TBD	TBD	Y
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TBD	TBD	N
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TBD	TBD	N
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TBD	TBD	N
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TBD	TBD	N
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TBD	TBD	N
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TBD	TBD	Y
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TBD	TBD	Y
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TBD	TBD	Y
-----	-----	---

TBD	TBD	Y
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TBD	TBD	Y
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TBD	TBD	Y
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TBD	TBD	Y
-----	-----	---

TBD	TBD	Y
-----	-----	---

TBD	TBD	Y
-----	-----	---

TBD	TBD	Y
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N/A	N/A	N
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N/A	N/A	N
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N/A	N/A	N
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N/A	N/A	N
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N/A	N/A	N
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N/A	N/A	N
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N/A	N/A	N
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N/A	N/A	N
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N/A	N/A	N
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TBD	TBD	Y
N/A	N/A	

		N
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N/A	N/A	
		N

N/A	N/A	
		N

N/A	N/A	
		N

N/A	N/A	
		N

N/A	N/A	
		N

TBD	TBD	Y
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N/A	N/A	
		N

N/A

N/A

N

N/A

N/A

N

N/A

N/A

N

N/A

N/A

N

Alignment with CMS-provided technical specifications	
Explanation of any deviations from the CMS-provided specifications. Could include different data sources or state-specific definitions, policies, codes, target populations, etc.	Dates covered by first measurement period for metric (MM/DD/YYYY - MM/DD/YYYY)
N/A	01/01/2020-03/31/2020
N/A	01/01/2020-03/31/2020
N/A	01/01/2020-03/31/2020
N/A	N/A
N/A	01/01/2020-03/31/2020
N/A	01/01/2020-03/31/2020
N/A	01/01/2020-03/31/2020
N/A	01/01/2020-03/31/2020

N/A

01/01/2020-03/31/2020

Michigan does not plan to collect hours associated with qualifying activities. Michigan will be able to report on qualifying activities by category but not with an hourly breakout.

01/01/2020-03/31/2020

Michigan does not plan to collect hours associated with qualifying activities. Michigan will be able to report on qualifying activities by category but not with an hourly breakout.

01/01/2020-03/31/2020

Michigan does not plan to collect hours associated with qualifying activities. Michigan will be able to report on qualifying activities by category but not with an hourly breakout.

01/01/2020-03/31/2020

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01/01/2020-03/31/2020

Michigan does not plan to collect hours associated with qualifying activities. Michigan will be able to report on qualifying activities by category but not with an hourly breakout.

01/01/2020-03/31/2020

N/A

01/01/2020-03/31/2020

N/A

01/01/2020-03/31/2020

N/A

01/01/2020-03/31/2020

N/A

01/01/2020-03/31/2020

N/A	01/01/2020-03/31/2020
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N/A	01/01/2020-03/31/2020
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N/A	01/01/2020-03/31/2020
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N/A	01/01/2020-03/31/2020
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N/A	01/01/2020-03/31/2020
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N/A	01/01/2020-03/31/2020
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N/A	N/A
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N/A	N/A
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N/A	N/A
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N/A	N/A
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N/A	N/A
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N/A	N/A
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N/A	N/A
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N/A

N/A

N/A

N/A

N/A

01/01/2020-03/31/2020

N/A

N/A

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N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

01/01/2020-03/31/2020

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

N/A

Initial reporting date		
Report name of first report in which the metric will be submitted (Format: DY1 Q3 quarterly report)	Submission date of first report in which the metric will be reported (MM/DD/YYYY)	State plans to phase in reporting (Y/N)
DY11 Q1	5/31/2020	N
DY11 Q1	5/31/2020	N
DY11 Q2	8/31/2020	N
N/A	N/A	N
DY11 Q1	5/31/2020	N
DY11 Q2	8/31/2020	N
DY11 Q2	8/31/2020	N
DY11 Q2	8/31/2020	N

DY11 Q1	5/31/2020 N
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DY11 Q1	5/31/2020 N
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DY11 Q1	5/31/2020 N
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DY11 Q1	5/31/2020 N
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DY11 Q1	5/31/2020 N
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DY11 Q1	5/31/2020 N
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DY11 Q1	5/31/2020 N
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DY11 Q1	5/31/2020 N
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DY11 Q1	5/31/2020 N
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DY11 Q1	5/31/2020 N
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DY11 Q1	5/31/2020 N
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DY11 Q1	5/31/2020 N
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DY11 Q1	5/31/2020 N
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DY11 Q1	5/31/2020 N
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DY11 Q1	5/31/2020 N
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DY11 Q1	5/31/2020 N
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N/A	N/A	N
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N/A	N/A	N
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N/A		N
	N/A	

DY11 Q2		8/31/2020 N
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N/A	N/A	N
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N/A	N/A	N
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N/A	N/A	N
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DY11 Q2		8/31/2020 N
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N/A	N/A	N
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N/A

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N

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N

N/A

N/A

N

N/A

N/A

N

Explanation of any plans to phase in
reporting over time

N/A

N/A

Michigan requires at least one quarter lag to report this metric.

Michigan does not have a suspension policy.

N/A

Michigan requires at least one quarter lag to report this metric.

Michigan requires at least one quarter lag to report this metric.

Michigan requires at least one quarter lag to report this metric.

N/A

N/A

N/A

N/A

N/A

N/A

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N/A

N/A

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N/A

N/A

N/A

N/A

N/A

N/A

Michigan is assessing its ability to collect data on beneficiary supports.

Michigan will prioritize required metrics and will evaluate the feasibility of incorporating recommended metrics when demonstration waiver reporting becomes established.

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Michigan requires at least one quarter lag to report this metric.

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Medicaid Section 1115 Eligibility and Coverage Demonstration Report - Metrics reporting (AD)
State Michigan
Demonstration Name Healthy Michigan Plan
Demonstration Year (DY) DY 11
Calendar Dates for DY 01/01/2020 - 12/31/2020
Reporting Period Q4
Calendar Dates for Reporting Period 10/01/2020 - 12/31/2020
Submitted on 3/9/2021

Eligibility and Coverage Demonstration Metrics (AD)^a

						Demonstration			< 50% FPL ^f			50-100% FPL ^f			>100% FPL ^f	
Reporting topic ^b	#	Metric name	Metric description	Data source	Calculation lag	Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d
1.1.1 Enrollment	AD_1	Total enrollment in the demonstration	The unduplicated number of beneficiaries enrolled in the demonstration at any time during the measurement period. This indicator is a count of total program enrollment. It includes those newly enrolled during the measurement period and those whose enrollment continues from a prior period. This indicator is not a point-in-time count. It captures beneficiaries who were enrolled for at least one day during the measurement period.	Administrative records	30 days		829,764			429,262			217,453			183,049
							848,932			435,163			224,550			189,219
							869,242			442,446			231,517			195,279
1.1.1 Enrollment	AD_2	Beneficiaries in suspension status for noncompliance	The number of demonstration beneficiaries in suspension status for noncompliance with demonstration policies as of the last day of the measurement period	Administrative records	30 days		N/A			N/A			N/A			N/A
							N/A			N/A			N/A			N/A
							N/A			N/A			N/A			N/A
1.1.1 Enrollment	AD_3	Beneficiaries in a non-eligibility period who are prevented from re-enrolling for a defined period of time	The number of prior demonstration beneficiaries who are in a non-eligibility period, meaning they are prevented from re-enrolling for some defined period of time, because they were disenrolled for noncompliance with demonstration policies. The count should include those prevented from re-enrolling until their redetermination date.	Administrative records	30 days		0			0			0			0
							0			0			0			0
							0			0			0			0
1.1.1 Enrollment	AD_4	New enrollees	Number of beneficiaries in the demonstration who began a new enrollment spell during the measurement period, have not had Medicaid coverage within the prior 3 months and are not using a state-specific pathway for re-enrollment after being disenrolled for noncompliance	Administrative records	30 days		23,898			11,611			7,288			4,999
							29,099			13,247			9,042			6,810
							28,007			13,323			8,038			6,646
1.1.1 Enrollment	AD_5	Re-enrollments or re-instatements using defined pathways after disenrollment or suspension of benefits for noncompliance with demonstration policies	Number of beneficiaries in the demonstration who began a new enrollment spell (or had benefits re-instated) in the current measurement period by using a state-defined pathway for re-enrollment (or re-instatement of benefits), i.e., meeting certain requirements, after being disenrolled (or having benefits suspended) for noncompliance with premium requirements, community engagement requirements, or other demonstration-specific requirements.	Administrative records	30 days		0			0			0			0
							0			0			0			0
							0			0			0			0
1.1.1 Enrollment	AD_6	Re-enrollments or re-instatements for beneficiaries not using defined pathways after disenrollment or suspension of benefits for noncompliance	Number of beneficiaries in the demonstration who began a new enrollment spell (or had benefits re-instated) in the current measurement period who have had Medicaid coverage within the prior 3 months and are not using a state-specific pathway for re-enrollment after being disenrolled for noncompliance (or re-instatement of benefits after being suspended for noncompliance).	Administrative records	30 days		0			0			0			0
							0			0			0			0
							0			0			0			0
1.1.2 Mid-year loss of demonstration eligibility	AD_7	Monthly count of beneficiaries determined ineligible for Medicaid, any reason, other than at renewal	Beneficiaries determined ineligible for Medicaid, any reason, other than at renewal	Administrative records	30 days		TBD			TBD			TBD			TBD
							TBD			TBD			TBD			TBD
							TBD			TBD			TBD			TBD
1.1.2 Mid-year loss of demonstration eligibility	AD_8	Monthly count of beneficiaries determined ineligible for Medicaid after state processes a change in circumstance reported by a beneficiary	Beneficiaries no longer eligible for Medicaid, failure to provide timely change in circumstance information	Administrative records	30 days		TBD			TBD			TBD			TBD
							TBD			TBD			TBD			TBD
							TBD			TBD			TBD			TBD
1.1.2 Mid-year loss of demonstration eligibility	AD_9	Monthly count of beneficiaries determined ineligible for Medicaid after state processes a change in circumstance reported by a beneficiary	Beneficiaries determined ineligible for Medicaid after state processes a change in circumstance reported by a beneficiary	Administrative records	30 days		TBD			TBD			TBD			TBD
							TBD			TBD			TBD			TBD
							TBD			TBD			TBD			TBD
1.1.2 Mid-year loss of demonstration eligibility	AD_10	Monthly count of beneficiaries no longer eligible for the demonstration due to transfer to another Medicaid eligibility group	Beneficiaries no longer eligible for the demonstration due to transfer to another Medicaid eligibility group	Administrative records	30 days		TBD			TBD			TBD			TBD
							TBD			TBD			TBD			TBD
							TBD			TBD			TBD			TBD
1.1.2 Mid-year loss of demonstration eligibility	AD_11	Monthly count of beneficiaries no longer eligible for the demonstration due to transfer to CHIP	Beneficiaries no longer eligible for the demonstration due to transfer to CHIP	Administrative records	30 days		N/A			N/A			N/A			N/A
							N/A			N/A			N/A			N/A
							N/A			N/A			N/A			N/A
Number of demonstration beneficiaries who lost eligibility for Medicaid during the							N/A			N/A			N/A			N/A

1.1.7 Access to care	AD_30	Primary care provider active participation	Number of primary care providers enrolled to deliver Medicaid services with service claims for 3 or more demonstration beneficiaries during the measurement period	Provider enrollment databases and claims and encounters	90 days			18,630											
1.1.7 Access to care	AD_31	Specialist provider availability	Number of specialists enrolled to deliver Medicaid services at the end of the measurement period	Provider enrollment databases	90 days			74,754											
1.1.7 Access to care	AD_32	Specialist provider active participation	Number of specialists enrolled to deliver Medicaid services with service claims for 3 or more demonstration beneficiaries during the measurement period	Provider enrollment databases and claims and encounters	90 days			42,559											
1.1.7 Access to care	AD_33	Preventive care and office visit utilization	Total utilization of preventive care and office visits per 1,000 demonstration beneficiary months during the measurement period	Claims and encounters; other administrative records	90 days	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
1.1.7 Access to care	AD_34	Prescription drug use	Total utilization of 30-day prescription fills per 1,000 demonstration beneficiary months in the measurement period.	Claims and encounters; other administrative records	90 days	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
1.1.7 Access to care	AD_35	Emergency department utilization, total	Total number of emergency department (ED) visits per 1,000 demonstration beneficiary months during the measurement period	Claims and encounters; other administrative records	90 days	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD	TBD
1.1.7 Access to care	AD_36	Emergency department utilization, non-emergency	Total number of ED visits for non-emergency conditions per 1,000 demonstration beneficiary months during the measurement period. If the state differentiates emergent/non-emergent visit copayments, then non-emergency visits should be identified for monitoring purposes using the same criteria used to assess the differential copayment. If the state does not differentiate emergent/non-emergent copayments, then non-emergency visits should be defined as all visits not categorized as emergent using the method below.	Claims and encounters; other administrative records	90 days	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
1.1.7 Access to care	AD_37	Inpatient admissions	Total number of inpatient admissions per 1,000 demonstration beneficiary months during the measurement period	Claims and encounters; other administrative records	90 days	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
1.1.8 Quality of care and health outcomes	AD_38A	Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD) [NCQA; NQF #0027; Medicaid Adult Core Set; Adjusted HEDIS measure]	This metric consists of the following components; each assesses different facets of providing medical assistance with smoking and tobacco use cessation: • Advising smokers and tobacco users to quit • Discussing cessation medications • Discussing cessation strategies	Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan survey, Adult Version	90 days	92,392	47,540	51.45%	58,134	29,933	51.49%	19,293	9,977	51.71%	14,958	7,629			
1.1.8 Quality of care and health outcomes	AD_38B	Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention [PCPI Foundation; NQF #0028]	This metric consists of the following components: 1. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use one or more times within 24 months 2. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention 3. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation intervention if identified as a tobacco user	--	--														
1.1.8 Quality of care and health outcomes	AD_39-1	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD) [NCQA; NQF # 2605; Medicaid adult Core Set; Adjusted HEDIS measure]	1. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use one or more times within 24 months 2. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use and identified as a tobacco user who received tobacco cessation intervention 3. Percentage of beneficiaries aged 18 years and older who were screened for tobacco use one or more times within 24 months AND who received cessation intervention if identified as a tobacco user	Claims and encounters or registry data	90 days	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
1.1.8 Quality of care and health outcomes	AD_39-1		Percentage of ED visits for beneficiaries age 18 and older who have a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, and who had a follow-up visit with a corresponding principal diagnosis for AOD. Two rates are reported:	Claims and encounters	90 days	12,408	3,043	24.52%	9,522	2,358	24.76%	1,079	277	25.67%	750	180			
1.1.8 Quality of care and health outcomes	AD_39-1		1. Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 30 days of the ED visit (31 total days) 2. Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 7 days of the ED visit (8 total days)	Claims and encounters	90 days	12,408	1,804	14.54%	9,522	1,410	14.81%	1,079	157	14.55%	750	96			
1.1.8 Quality of care and health outcomes	AD_39-2	Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD) [NCQA; NQF # 2605; Medicaid adult Core Set; Adjusted HEDIS measure]	Percentage of ED visits for beneficiaries age 18 and older who have a principal diagnosis of mental illness or intentional self-harm, and who had a follow-up visit with a corresponding principal diagnosis for mental illness. Two rates are reported: 1. Percentage of ED visits for mental illness or intentional self-harm for which the beneficiary received follow-up within 30 days of the ED visit (31 total days) 2. Percentage of ED visits for mental illness or intentional self-harm for which the beneficiary received follow-up within 7 days of the ED visit (8 total days)	--	--	8,093	4,282	52.91%	5,832	3,019	51.77%	909	543	59.74%	651	393			
1.1.8 Quality of care and health outcomes	AD_40	Initiation of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD) [NCQA; NQF #0004; Medicaid Adult Core Set; Adjusted	Percentage of beneficiaries age 18 and older with a new episode of AOD abuse or dependence who received the following: 1. Initiation of AOD Treatment. Percentage of beneficiaries who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, telehealth, or medication assisted treatment (MAT) within 14 days of the diagnosis 2. Engagement of AOD Treatment. Percentage of beneficiaries who initiate treatment and who had two or more additional AOD services or MAT within 34 days of the initiation visit The following diagnosis cohorts are reported for each rate: (1) Alcohol abuse or dependence, (2) Opioid abuse or dependence, (3) Other drug abuse or dependence, and (4) Total AOD abuse or dependence. A total of 8 separate rates are reported for this measure.	Claims and encounters or EHR	90 days	17,550	5,845	33.30%	11,851	4,026	33.97%	2,240	696	31.07%	1,670	559			

		HEDIS measure ¹	2. Initiation of AOD Treatment - Opioid abuse or dependence (rate 1, cohort 2)	Claims and encounters or EHR	90 days	6,604	3,381	51.20%	2,461	4,737	51.95%	784	396	50.51%	490	225
			3. Initiation of AOD Treatment - Other drug abuse or dependence (rate 1, cohort 3)	Claims and encounters or EHR	90 days	11,752	3,591	30.56%	8,235	2,600	31.57%	1,442	394	27.32%	982	264
			4. Initiation of AOD Treatment - Total AOD abuse or dependence (rate 1, cohort 4)	Claims and encounters or EHR	90 days	33,551	12,030	35.86%	23,021	8,467	36.78%	4,265	1,420	33.29%	3,002	1,007
			5. Engagement of AOD Treatment - Alcohol drug abuse or dependence (rate 2 cohort 1)	Claims and encounters or EHR	90 days	17,550	1,624	9.25%	11,851	1,048	8.84%	2,240	220	9.82%	1,670	174
			6. Engagement of AOD Treatment - Opioid drug abuse or dependence (rate 2, cohort 2)	Claims and encounters or EHR	90 days	6,604	1,984	30.04%	4,737	1,416	29.89%	784	256	32.65%	490	148
			7. Engagement of AOD Treatment - Other AOD abuse or dependence (rate 2, cohort 3)	Claims and encounters or EHR	90 days	11,752	853	7.26%	8,235	587	7.26%	1,442	100	6.93%	982	66
			8. Engagement of AOD Treatment - Total AOD abuse or dependence (rate 2, cohort 4)	Claims and encounters or EHR	90 days	33,551	4,389	13.08%	23,021	3,001	13.04%	4,265	565	13.25%	3,002	382
1.1.8 Quality of care and health outcomes	AD_41	PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD) [AHRQ; NQF #0272; Medicaid Adult Core Set]	Number of inpatient hospital admissions for diabetes short-term complications (ketoacidosis, hyperosmolality, or coma) per 100,000 beneficiary months for beneficiaries age 18 and older	Claims and encounters	90 days	7,154,066	1,566	21.89	4,393,008	1,257	28.61	1500726	164	10.93	1,260,182	145
1.1.8 Quality of care and health outcomes	AD_42	PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD) [AHRQ; NQF #0275; Medicaid Adult Core Set]	Number of inpatient hospital admissions for chronic obstructive pulmonary disease (COPD) or asthma per 100,000 beneficiary months for beneficiaries age 40 and older.	Claims and encounters	90 days	3,181,424	1,350	42.43	1,952,054	981	50.25	662,886	191	28.81	566,412	178
1.1.8 Quality of care and health outcomes	AD_43	PQI 08: Heart Failure Admission Rate (PQI08-AD) [AHRQ; NQF #0277; Medicaid Adult Core Set]	Number of inpatient hospital admissions for heart failure per 100,000 beneficiary months for beneficiaries age 18 and older	Claims and encounters	90 days	7,154,066	1,437	20.09	4,393,008	1,090	24.81	1,500,723	158	10.53	1,260,182	188
1.1.8 Quality of care and health outcomes	AD_44	PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD) [AHRQ; NQF #0283; Medicaid Adult Core Set]	Number of inpatient hospital admissions for asthma per 100,000 beneficiary months for beneficiaries aged 18 to 39.	Claims and encounters	90 days	3,972,642	284	7.15	2,440,954	212	8.69	837,840	40	4.77	693,770	32
1.1.9 Administrative cost	AD_45	Administrative cost of demonstration operation	Cost of contracts or contract amendments and staff time equivalents required to administer demonstration policies, including premium collection, health behavior incentives, premium assistance, community engagement requirements and/or retroactive eligibility waivers	Administrative records	None											
Add rows for any additional state-identified metrics							1,370,684									

Note: States must prominently display the following notice on any display of Measure rates:

The MSC-AD, FUA-AD, FUM-AD, and IET_AD measures (metrics AD_38A, AD_39, and AD_40) are Healthcare Effectiveness Data and Information Set ("HEDIS") measures that are owned and copyrighted by the National Committee for Quality Assurance ("NCQA"). NCQA makes no representations, warranties, or endorsement about the quality of any organization or physician that uses or reports performance measures and NCQA has no liability to anyone who relies on such measures or specifications.

The measure specification methodology used by CMS is different from NCQA's methodology. NCQA has not validated the adjusted measure specifications but has granted CMS permission to adjust. Calculated measure results, based on the adjusted HEDIS specifications, may be called only "Uncertified, Unaudited HEDIS rates."

Certain non-NCQA measures in the CMS 1115 eligibility and coverage demonstration contain HEDIS Value Sets (VS) developed by and included with the permission of the NCQA. Proprietary coding is contained in the VS. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. NCQA disclaims all liability for use or accuracy of the VS with the non-NCQA measures and any coding contained in the VS.

¹ States should create a new metrics report for each reporting quarter.

² The reporting topics correspond to the prompts for reporting topic AD.Mod_1 in the monitoring report template.

³ Report metrics that are one annual value for a demonstration year only in the report specified in the reporting schedule.

⁴ Report count metrics in the numerator column. Administrative costs (AD_45) should also be reported in the numerator column.

⁵ If applicable. See CMS-provided technical specifications.

⁶ Add columns as necessary to report additional income groups.

⁷ Add columns as necessary to report exempt groups.

⁸ Add columns as necessary to report specific edibility groups.

⁹ Add columns as necessary to report phase-in cohorts, if applicable.

¹ Rates for these metrics reflect Uncertified, Unaudited HEDIS rates.

Checks:

AD_8, AD_9, AD_11, AD_12, AD_13, AD_14 should each be less than or equal to AD_7

N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
17,094	17,884	13,986	12,499	10,215	35,683	35,995	
17,160	18,942	13,575	12,206	10,527	37,419	34,987	
17,503	18,466	14,271	12,364	9,648	37,780	34,472	
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51.00%	9,443	3,464	36.68%	17,973	8,082	44.97%	20,736	10,827	52.21%	26,002	14,789	56.88%	18,223	10,369	56.90%	46,302	22,856	49.36%	46,090	24,684	53.56%	60,542

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24.00%	1,548	267	17.25%	3,545	1,026	28.94%	3,090	846	27.38%	2,870	635	22.13%	1,355	269	19.85%	8,873	2,139	24.11%	3,535	904	25.57%	7,753
12.80%	1,548	159	10.27%	3,545	622	17.55%	3,090	495	16.02%	2,870	380	13.24%	1,355	148	10.92%	8,873	1,277	14.39%	3,535	527	14.91%	7,753
60.37%	2,332	1,306	56.00%	2,439	1,308	53.63%	1,677	840	50.09%	1,188	586	49.33%	457	242	52.95%	4,764	2,347	49.27%	3,329	1,935	58.13%	4,821
45.62%	2,332	981	42.07%	2,439	934	38.29%	1,677	619	36.91%	1,188	418	35.19%	457	166	36.32%	4,764	1,696	35.60%	3,329	1,422	42.72%	4,821

33.47%	1,864	468	25.11%	3,674	1,178	32.06%	4,049	1,382	34.13%	4,957	1,748	35.26%	3,006	1,069	35.56%	12,024	4,105	34.14%	5,526	1,740	31.49%	10,034
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45.92%	683	347	50.81%	2,429	1,333	54.88%	1,750	895	51.14%	1,179	556	47.16%	563	250	44.40%	3,962	2,086	52.65%	2,642	1,295	49.02%	4,966
26.88%	2,646	763	28.84%	3,551	1,060	29.85%	2,570	814	31.67%	2,107	663	31.47%	878	291	33.14%	7,270	2,320	31.91%	4,482	1,271	28.36%	6,870
33.54%	4,861	1,479	30.43%	8,860	3,315	37.42%	7,808	2,909	37.26%	7,777	2,805	36.07%	4,245	1,522	35.85%	21,713	7,983	36.77%	11,838	4,047	34.19%	20,384
8.84%	1,864	159	8.53%	3,674	402	10.94%	4,049	431	10.64%	4,957	412	8.31%	3,006	220	7.32%	12,024	1,100	9.15%	5,526	521	9.48%	10,034
30.20%	683	215	31.48%	2,429	849	34.95%	1,750	549	31.37%	1,179	284	24.09%	563	87	15.45%	3,962	1,272	32.10%	2,642	712	26.95%	4,966
6.72%	2,646	183	6.92%	3,551	274	7.72%	2,570	210	8.17%	2,107	139	6.60%	878	47	5.35%	7,270	574	7.90%	4,482	279	6.22%	6,870
12.72%	4,861	547	11.25%	8,860	1,502	16.95%	7,808	1,168	14.96%	7,777	820	10.54%	4,245	352	8.29%	21,713	2,895	13.33%	11,838	1,494	12.62%	20,384
11.51	1,683,597	472	28.04	1,702,373	408	23.97	1,354,777	313	23.1	1,369,412	267	19.5	1,042,640	106	10.17	3,580,454	965	26.95	3,573,612	601	16.82	4,225,543
31.43	-	-	-	-	-		768,105	126	16.40	1,369,412	570	41.62	1,042,640	654	62.73	1,569,454	622	39.63	1,611,970	728	45.16	1,959,161
14.92	1,683,597	13	0.77	1,702,373	86	5.05	1,354,777	276	20.37	1,369,412	505	36.88	1,042,640	557	53.42	3,580,454	1,032	28.82	3,573,612	405	11.33	4,225,543
4.61	1,683,597	89	5.29	1,702,373	136	7.99	586,672	59	10.06	-	-	-	-	-		2,011,000	144	7.16	1,961,642	140	7.14	2,266,382



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42,457		17,213		641		843		3,662		6,862		3,554		68,106	
42,996		16,509		677		825		3,637		7,766		3,549		68,842	
41,430		18,319		484		817		4,135		7,067		4,061		68,181	
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87,953		44,784		803		1,413		7,405		14,754		7,282		149,790	
23,015		12,126		286		547		2,525		3,958		2,483		39,968	
34,146		17,622		459		748		3,465		5,868		3,397		58,898	

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31,924	52.73%	19,448	9,524	48.97%	2,267	1,190	52.49%	1,274	617	48.43%	2,530	1,156	45.69%	6,331	3,129	49.42%					
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2,243	28.93%	2,536	332	13.09%	48	13	27.08%	266	60	22.56%	445	100	22.47%	1,360	295	21.69%
1,338	17.26%	2,536	189	7.45%	48	9	18.75%	266	33	12.41%	445	59	13.26%	1,360	176	12.94%

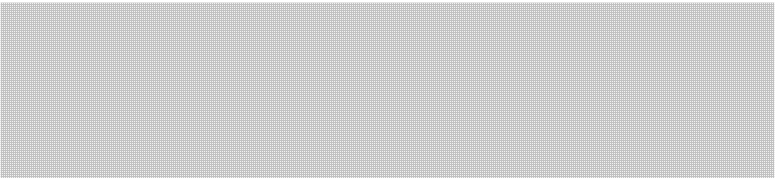
2,803	58.14%	2,034	849	41.74%	59	23	38.98%	133	76	57.14%	285	160	56.14%	761	371	48.75%
2,061	42.75%	2,034	572	28.12%	59	13	22.03%	133	66	49.62%	285	123	43.16%	761	283	37.19%

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2,571	51.77%	791	390	49.30%	22	11	50.00%	139	71	51.08%	221	120	54.30%	465	218	46.88%
2,079	30.26%	3,317	1,021	30.78%	51	14	27.45%	203	56	27.59%	401	123	30.67%	910	298	32.75%
7,655	37.55%	8,499	2,676	31.49%	147	58	39.46%	587	210	35.78%	1,116	399	30.44%	2,818	1,032	36.62%
1,052	10.48%	4,965	321	6.47%	79	10	12.66%	288	25	8.68%	571	70	12.26%	1,613	146	9.05%
1,594	32.10%	791	156	19.72%	22	4	18.18%	139	47	33.81%	221	71	32.13%	465	112	24.09%
536	7.80%	3,317	212	6.39%	51	3	5.88%	203	14	6.90%	401	37	9.23%	910	51	5.60%
3,126	15.34%	8,499	682	8.02%	147	17	11.56%	587	86	14.65%	1,116	173	15.50%	2,818	305	10.82%
785	18.58	1,711,608	488	28.51	189,096	32	16.92	86,374	12	13.89	323,535	76	23.93	617,910	173	28
803	40.99	704,347	373	52.96	90,000	20	22.22	35,672	12	33.64	112,467	28	33.20	279,777	114	40.75
572	13.54	1,711,608	637	37.22	189,096	24	12.69	86,374	11	12.74	323,535	39	22.57	617,910	154	24.92
115	5.07	1,007,261	127	12.61	99,096	4	4.04	50,702	3	5.92	211,068	11	5.30	338,133	24	7.10

Unknown ethnicity			Exempt groups ^d			Specific eligibility groups ^b New Adult Group		
Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e
	201			N/A			778,144	
	190			N/A			797,180	
	195			N/A			816,983	
	N/A			N/A			N/A	
	N/A			N/A			N/A	
	N/A			N/A			N/A	
	0			0			0	
	0			0			0	
	0			0			0	
	7			N/A			21,681	
	2			N/A			26,882	
	7			N/A			26,052	
	0			0			0	
	0			0			0	
	0			0			0	
	0			0			0	
	0			0			0	
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	N/A			N/A			N/A	
	N/A			N/A			N/A	
	N/A			N/A			N/A	
	N/A			N/A			N/A	

N/A		N/A		N/A	
N/A		N/A		N/A	
N/A		N/A		N/A	
N/A		N/A		N/A	
N/A		N/A		N/A	
N/A		N/A		N/A	
N/A		N/A		N/A	
N/A		N/A		N/A	
N/A		N/A		N/A	
	18	N/A		67,181	
	19	N/A		68,216	
	10	N/A		67,792	
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TBD		TBD		TBD	
N/A		N/A		N/A	
N/A		N/A		N/A	
N/A		N/A		N/A	
	40	N/A		145,094	
	6	N/A		38,751	
	13	N/A		57,229	



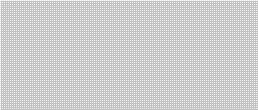
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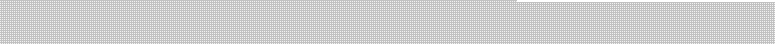
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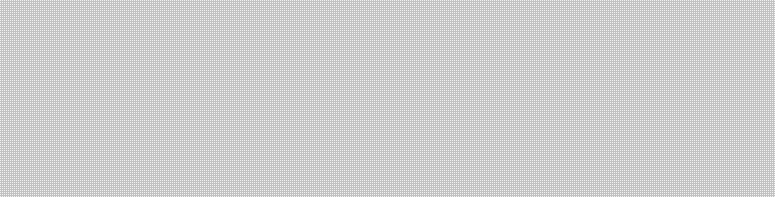
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Medicaid Section 1115 Eligibility and Coverage Demons
State Michigan
Demonstration Name Healthy Michigar
Demonstration Year (DY) DY 11
Calendar Dates for DY 01/01/2020 - 12,
Reporting Period Q4
Calendar Dates for Reporting Period 10/01/2020 - 12,
Submitted on 3/9/2021

Eligibility and Coverage Demonstratic

Reporting Topic ^b	#
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CE.Mod_1: Specify community
engagement policies CE_1

CE.Mod_1: Specify community
engagement policies CE_2

CE.Mod_1: Specify community
engagement policies CE_3

CE.Mod_1: Specify community
engagement policies CE_4

CE.Mod_1: Specify community
engagement policies CE_5

CE.Mod_1: Specify community
engagement policies CE_6

CE.Mod_1: Specify community
engagement policies CE_7

CE.Mod_1: Specify community
engagement policies CE_8

CE.Mod_1: Specify community engagement policies	CE_9
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CE.Mod_1: Specify community engagement policies	CE_10
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CE.Mod_1: Specify community engagement policies	CE_11
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CE.Mod_1: Specify community engagement policies	AD_12
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CE.Mod_1: Specify community engagement policies	CE_13
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CE.Mod_1: Specify community engagement policies	CE_14
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CE.Mod_1: Specify community engagement policies	CE_15
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CE.Mod_1: Specify community engagement policies	CE_16
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CE.Mod_1: Specify community engagement policies	CE_17
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CE.Mod_1: Specify community engagement policies	CE_18
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CE.Mod_1: Specify community engagement policies	CE_19
CE.Mod_1: Specify community engagement policies	CE_20
CE.Mod_1: Specify community engagement policies	CE_21
CE.Mod_1: Specify community engagement policies	CE_22
CE.Mod_1: Specify community engagement policies	CE_23
CE.Mod_1: Specify community engagement policies	CE_24
CE.Mod_2: Establish beneficiary supports and modifications	CE_25
CE.Mod_2: Establish beneficiary supports and modifications	CE_26
CE.Mod_2: Establish beneficiary supports and modifications	CE_27
CE.Mod_2: Establish beneficiary supports and modifications	CE_28
CE.Mod_2: Establish beneficiary supports and modifications	CE_29
CE.Mod_2: Establish beneficiary supports and modifications	CE_30
CE.Mod_2: Establish beneficiary supports and modifications	CE_31
CE.Mod_2: Establish beneficiary supports and modifications	CE_32

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CE.Mod_4: Operationalize strategies
for noncompliance CE_33

CE.Mod_4: Operationalize strategies
for noncompliance CE_34

CE.Mod_4: Operationalize strategies
for noncompliance CE_35

CE.Mod_4: Operationalize strategies
for noncompliance CE_36

CE.Mod_4: Operationalize strategies
for noncompliance CE_37

CE.Mod_4: Operationalize strategies
for noncompliance CE_38

CE.Mod_4: Operationalize strategies
for noncompliance CE_39

CE.Mod_4: Operationalize strategies
for noncompliance CE_40

CE.Mod_4: Operationalize strategies
for noncompliance CE_41

CE.Mod_4: Operationalize strategies
for noncompliance CE_42

CE.Mod_4: Operationalize strategies
for noncompliance CE_43

CE.Mod_4: Operationalize strategies
for noncompliance CE_44

CE.Mod_4: Operationalize strategies
for noncompliance CE_45

CE.Mod_4: Operationalize strategies
for noncompliance CE_46

Add rows for any additional state-identified metrics

^a States should create a new metrics report for each rep

^b The reporting topics correspond to the reporting topic

^c The reporting topics correspond to the reporting topic

^d Report count metrics in the numerator column.

^e If applicable. See CMS-provided technical specification

^f Add columns as necessary to report additional income

^g Add columns as necessary to report exempt groups.

^h Add columns as necessary to report specific eligibility i

ⁱ Add columns as necessary to report phase-in cohorts, i

Checks:

CE_1 should be l

CE_1 should be e
CE_4 should be l
CE_8 should be l
CE_2 should be e
CE_35 should be
CE_41 should be

tration Report - Metrics reporting (CE)

n Plan

/31/2020

/31/2020

on Metrics (CE)^a

Metric name

Total beneficiaries subject to the community engagement requirement, not exempt

Total beneficiaries who were exempt from the community engagement requirement in the month

Beneficiaries with approved good cause circumstances

Beneficiaries subject to the community engagement requirement and in suspension status due to failure to meet requirement

Beneficiaries subject to the community engagement requirement and receiving benefits who met the requirement for qualifying activities

Beneficiaries subject to the community engagement requirement and receiving benefits but in a grace period or allowable month of noncompliance

Beneficiaries who successfully completed make-up hours or other activities to retain active benefit status after failing to meet the community engagement requirement in a previous month

Beneficiaries in a non-eligibility period who were disenrolled for noncompliance with community engagement requirement and are prevented from re-enrolling for a defined period of time

Beneficiaries who met the community engagement requirement by satisfying requirements of other programs

Beneficiaries who met the community engagement requirement through employment for the majority of their required hours

Beneficiaries who met the community engagement requirement through job training or job search for the majority of their required hours

Beneficiaries who met the community engagement requirement through educational activity for the majority of their required hours

Beneficiaries who met the community engagement requirement who were engaged in other qualifying activity for the majority of their required hours

Beneficiaries who met the community engagement requirement by combining two or more activities

Beneficiaries exempt from Medicaid community engagement requirements because they were exempt from requirements of SNAP and/or TANF

Beneficiaries exempt from Medicaid community engagement requirements on the basis of pregnancy

Beneficiaries exempt from Medicaid community engagement requirements due to former foster youth status

Beneficiaries exempt from Medicaid community engagement requirements due to medical frailty

Beneficiaries exempt from Medicaid community engagement requirements on the basis of caretaker status

Beneficiaries exempt from Medicaid community engagement requirements on the basis of unemployment insurance compensation

Beneficiaries exempt from Medicaid community engagement requirements due to substance abuse treatment status

Beneficiaries exempt from Medicaid community engagement requirements due to student status

Beneficiaries exempt from Medicaid community engagement requirements because they were excused by a medical professional

Beneficiaries exempt from Medicaid community engagement requirements, other

Total beneficiaries receiving supports to participate and placement assistance

Beneficiaries provided with transportation assistance

Beneficiaries provided with childcare assistance

Beneficiaries provided with language supports

Beneficiaries assisted with placement in community engagement activities

Beneficiaries provided with other non-Medicaid assistance

Beneficiaries who requested reasonable modifications to community engagement processes or requirements due to disability

Beneficiaries who were granted reasonable modifications to community engagement processes or requirements

due to disability

Beneficiaries newly suspended for failure to complete community engagement requirements

Beneficiaries newly disenrolled for failure to complete community engagement requirements

Total beneficiaries whose benefits were reinstated after being in suspended status for noncompliance

Beneficiaries whose benefits were reinstated because their time-limited suspension period ended

Beneficiaries whose benefits were reinstated because they completed required community engagement activities

Beneficiaries whose benefits were reinstated because they completed “on-ramp” activities other than qualifying community engagement activities

Beneficiaries whose benefits were reinstated because they newly meet community engagement exemption criteria or had a good cause circumstance

Beneficiaries whose benefits were reinstated after successful appeal of suspension for noncompliance

Total beneficiaries re-enrolling after disenrollment for noncompliance

Beneficiaries re-enrolling after completing required community engagement activities

Beneficiaries re-enrolling after completing “on-ramp” activities other than qualifying community engagement activities

Beneficiaries re-enrolling after re-applying, subsequent to being disenrolled for noncompliance with community engagement requirements

Beneficiaries re-enrolling because they newly met community engagement exemption criteria or had a good cause circumstance

Beneficiaries re-enrolling after successful appeal of disenrollment for noncompliance

Reporting quarter.

is in the CE.Mod_1 section of the monitoring report template.
is in section CE.Mod_1 of the monitoring report template.

IS.

groups.

groups.

if applicable.

less than or equal to AD_1

equal to the sum of metrics CE_5 and CE_6
less than or equal to AD_2
less than or equal to AD_3
equal to the sum of metrics CE_15 - CE_24
equal the sum of metrics CE_36 - CE_40
equal to the sum of metrics CE_42 - CE_46

Metric description

The number of beneficiaries enrolled in the demonstration whose income and eligibility group were subject to the community engagement requirement and who did not have an individual exemption from the requirement.

The number of beneficiaries enrolled in income and eligibility groups that were subject to the community engagement requirement, but had an individual exemption from the policy. This excludes circumstances that give rise to good cause.

The number of beneficiaries enrolled in the demonstration who met the state criteria for good cause circumstances, such as serious illness, birth or death of a family member, severe weather, family emergencies, or life-changing event

The number of demonstration beneficiaries in suspension status due to failure to meet the community engagement requirement, including those newly suspended for noncompliance during the measurement period

The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement and met the requirement by engaging in qualifying activities

The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement but did not meet the requirement. This includes beneficiaries who have not yet begun qualifying activities and those who logged some hours, but failed to meet total required hours.

The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement and met additional requirements to retain active benefit status after previously failing to meet the requirement. This captures beneficiaries who successfully satisfy the “opportunity to cure” requirement and therefore are not suspended (if state has this policy).

The number of prior demonstration beneficiaries who were disenrolled from Medicaid for noncompliance with the community engagement requirement and are in a non-eligibility period, meaning they are prevented from re-enrolling for some defined period of time. The count should include those prevented from re-enrolling until their redetermination date.

The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement and met the requirement by satisfying requirements in other programs such as SNAP or TANF, regardless of whether they are “deemed” by the state to be in compliance with Medicaid requirements or must take reporting action

The number of beneficiaries enrolled in the demonstration who were subject to and met the community engagement requirement, who were self-employed or employed in subsidized and/or unsubsidized settings. Includes both those “deemed” by the state to be in compliance with Medicaid requirements because they are working more than the number of required hours and those who must report their hours.

The number of beneficiaries enrolled in the demonstration who were subject to and met the community engagement requirement by engaging in on-the-job training, job skills training, vocational education and training, job search activities, job search training, a state-sponsored workforce program, or similar activity

The number of beneficiaries enrolled in the demonstration who were subject to and met the community engagement requirement by engaging in education related to employment, general education, accredited English-as-a-second-language education, accredited homeschooling, or a state-designated class

The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement and met the requirement through a state-specified activity not captured by other reporting categories, including community work experience, community service/public service, volunteer work, caregiving for a dependent, participation in substance use disorder treatment, enrollment in Medicaid employer-sponsored insurance premium assistance, or other activity.

The number of beneficiaries enrolled in the demonstration who were subject to the community engagement requirement and met the requirement by engaging in a combination of activities defined in metrics CE_35 through CE_38, such as a combination of employment and education

The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they were exempt from the Supplemental Nutrition Assistance Program (SNAP) and/or Temporary Assistance to Needy Families (TANF) work requirements. This does not include beneficiaries who are meeting SNAP and/or TANF work requirements

The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are pregnant

The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they were formerly part of the foster care system

The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are identified as medically frail

The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are primary caregiver of a dependent child or incapacitated/disabled household member

The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are receiving unemployment insurance compensation.

The number of beneficiaries enrolled in the demonstration who were exempt the community engagement requirement because they are participating in a drug or alcohol treatment and rehabilitation program.

The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are a student enrolled a number of hours/week, defined by state

The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because a medical professional determined the beneficiary had an acute medical condition separate from disability or frailty

The number of beneficiaries enrolled in the demonstration who were exempt from the community engagement requirement because they are exempt for another reason not captured by other reporting categories, including age above the upper limit defined by the state and enrollment in employer-sponsored insurance through premium assistance.

The number of beneficiaries enrolled in the demonstration who were given supports to enable them to participate, including non-Medicaid supports and supports due to disability

The number of beneficiaries enrolled in the demonstration who were given transportation assistance to enable participation in community engagement activities

The number of beneficiaries enrolled in the demonstration who were given childcare assistance to enable participation in community engagement activities.

The number of beneficiaries enrolled in the demonstration who were given language supports to enable participation in community engagement activities

The number of beneficiaries enrolled in the demonstration who were given placement assistance, including through Department of Labor support centers.

The number of beneficiaries enrolled in the demonstration who were given other non-Medicaid assistance to participate in community engagement activities

The number of beneficiaries enrolled in the demonstration who requested a reasonable modification of community engagement processes (such as assistance with exemption requests or appeals) or requirements (such as the number of hours) due to disability

The number of beneficiaries enrolled in the demonstration who were granted a modification of community engagement processes (such as assistance with exemption

requests or appeals) or requirements (such as the number of hours) due to disability

The number of demonstration beneficiaries newly suspended for noncompliance during the measurement period (if state has a suspension policy)

The number of demonstration beneficiaries newly disenrolled for noncompliance with community engagement requirements during the measurement period

The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements, including those reinstated due to compliance, determination of exemption, and successful appeal or good cause circumstances

The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements (if state has a suspension policy), because a defined suspension period ended.

The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements (if state has a suspension policy), because they completed qualifying activities

The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements (if state has a suspension policy), because they used a special pathway for re-enrollment such as a state-approved educational course

The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements (if state has a suspension policy) because they were newly determined exempt or had a good cause circumstance

The number of demonstration beneficiaries whose benefits were reinstated during the measurement period after suspension in a prior month triggered by noncompliance with community engagement requirements (if state has a suspension policy) because they successfully appealed

Total number of beneficiaries re-enrolled in the demonstration during the measurement period after disenrollment in the last 12 months for noncompliance or because they were in suspended status on their redetermination date (depending on state policy),

including those re-enrolling after being determined exempt or after successful appeal.

Total number of beneficiaries re-enrolled in the demonstration during the measurement period because they completed qualifying activities, subsequent to disenrollment in the last 12 months for noncompliance or because they were in suspended status on their redetermination date (depending on state policy).

Total number of demonstration beneficiaries re-enrolled during the measurement period because they used a special pathway for re-enrollment such as a state-approved educational course, subsequent to disenrollment in the last 12 months for noncompliance or because they were in suspended status on their redetermination date (depending on state policy).

The number of beneficiaries re-enrolled in the demonstration during the measurement period because they re-applied, subsequent to disenrollment in the last 12 months for noncompliance (or because they were in suspended status on their redetermination date). This includes those who re-applied immediately after disenrollment and those who did so after a disenrollment (non-eligibility) period.

The number of beneficiaries re-enrolled in the demonstration during the measurement period because they were newly determined exempt, subsequent to disenrollment in the last 12 months for noncompliance (or because they were in suspended status on their redetermination date).

The number of beneficiaries re-enrolled in the demonstration during the measurement period after successful appeal (including retroactive determination of a good cause exemption by the state), subsequent to disenrollment in the last 12 months for noncompliance (or because they were in suspended status on their redetermination date)

e.

Data source	Calculation lag	Attest that reporting matches CMS- provided specification (Y/N)
Administrative records	30 days	
Administrative records	30 days	
Administrative records	30 days	
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Administrative records 30 days



Describe any deviations from CMS- provided measure specifications	Reporting issue (Y/N) (further describe in the data and reporting issues tab [CE])
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[illegible]

[illegible]

Month 3
Month 1
Month 2
Month 3
Month 1
Month 2
Month 3

Month 1

Month 2

Month 3

Month 1

Month 2

Month 3

Month 1

Month 2

Month 3

Month 1

Month 2

Month 3

Month 1

Month 2

Month 3

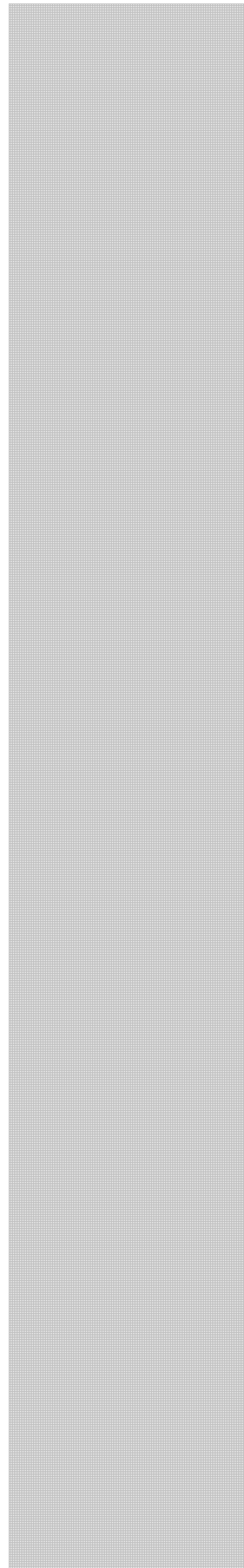
Month 1

Month 2

Month 3

Month 1

Month 2



Month 3

Month 1

Month 2

Month 3

Month 1

Month 2

Month 3

Month 1

Month 2

Month 3

Month 1

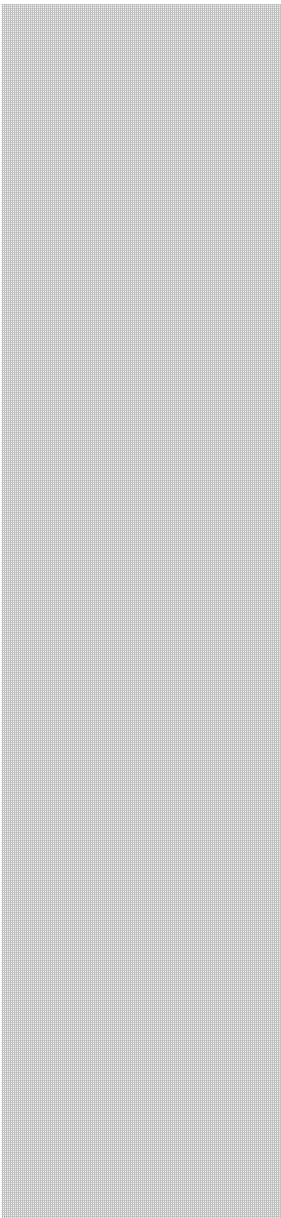
Month 2

Month 3

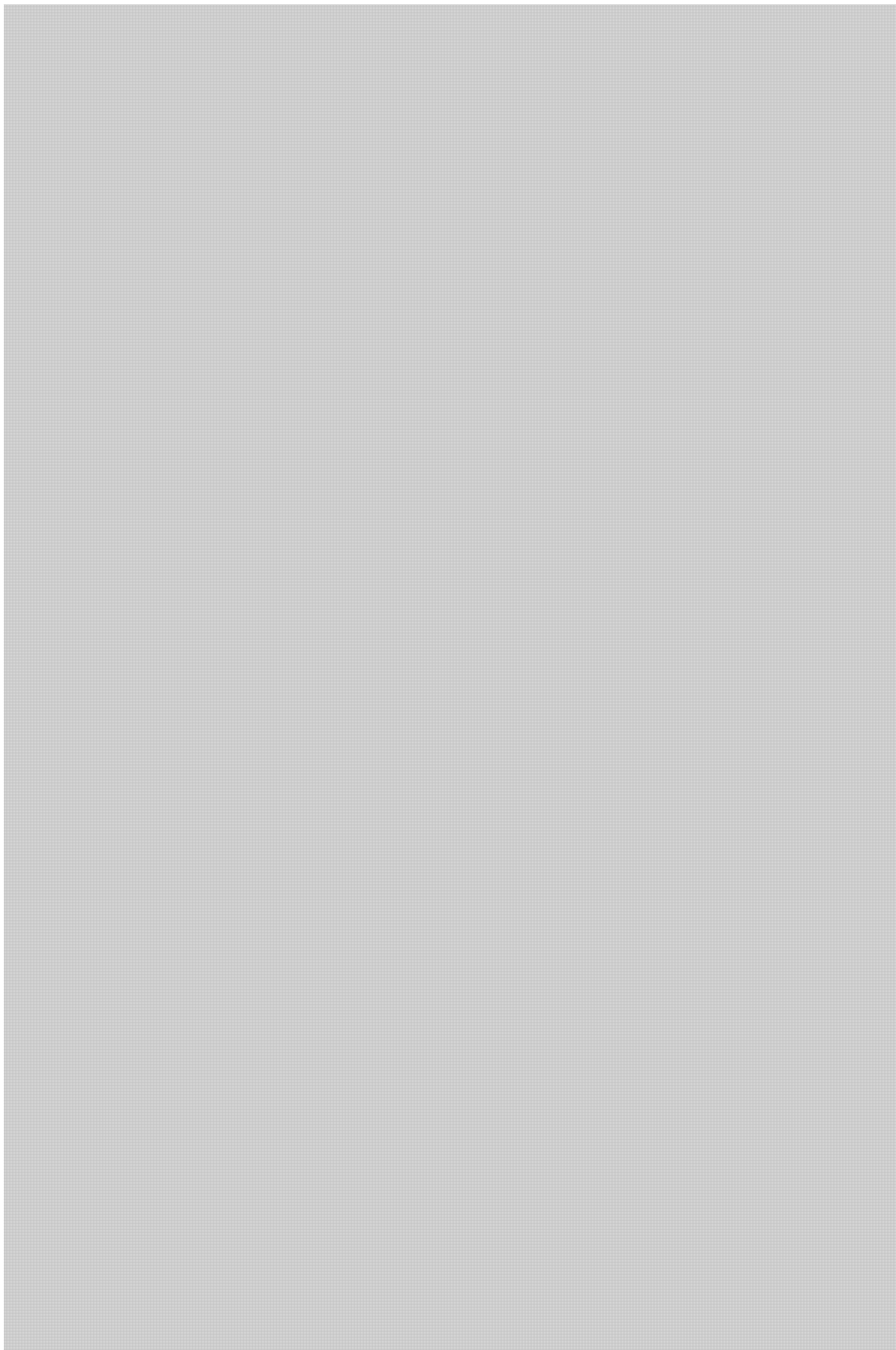
Month 1

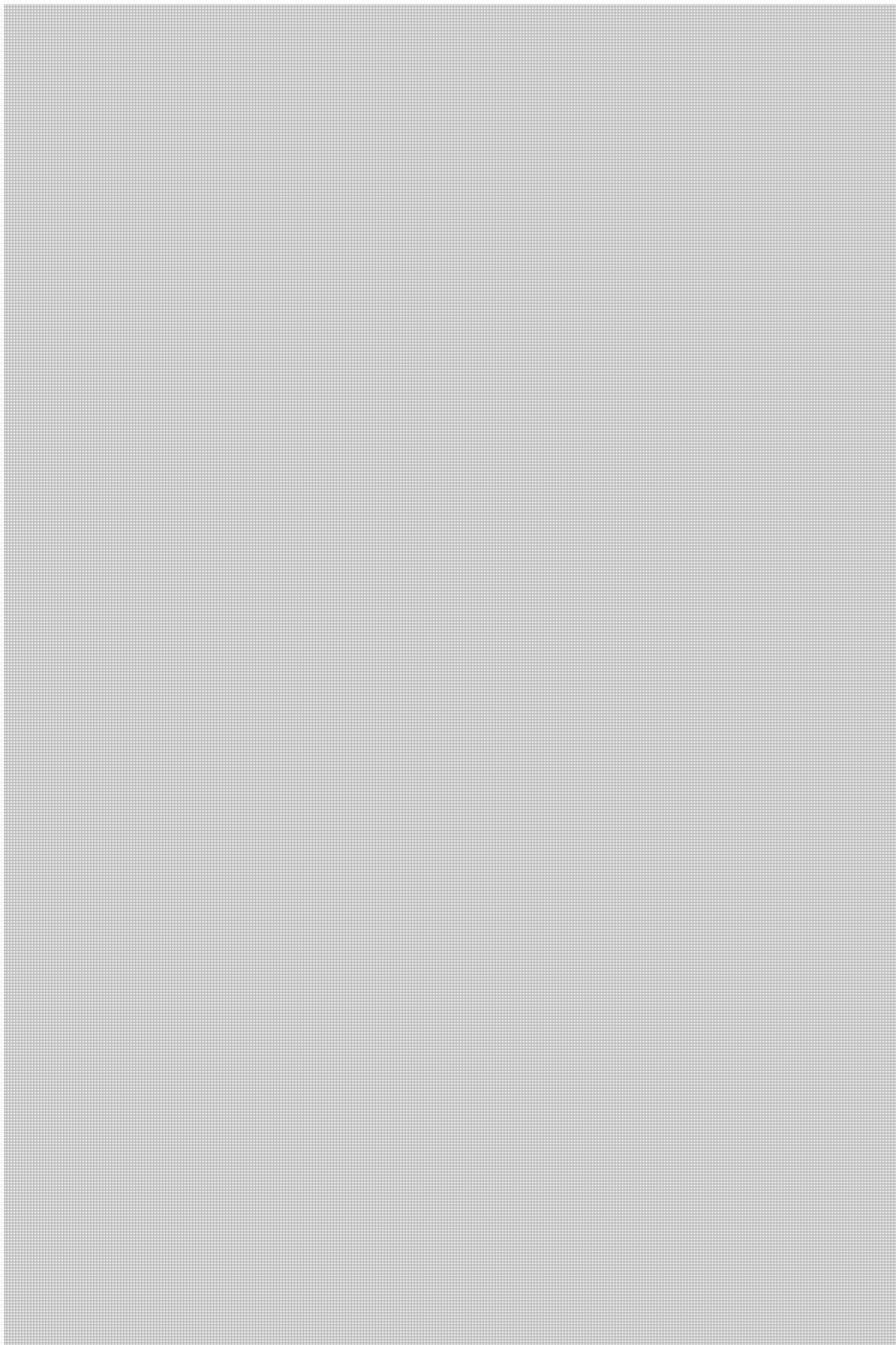
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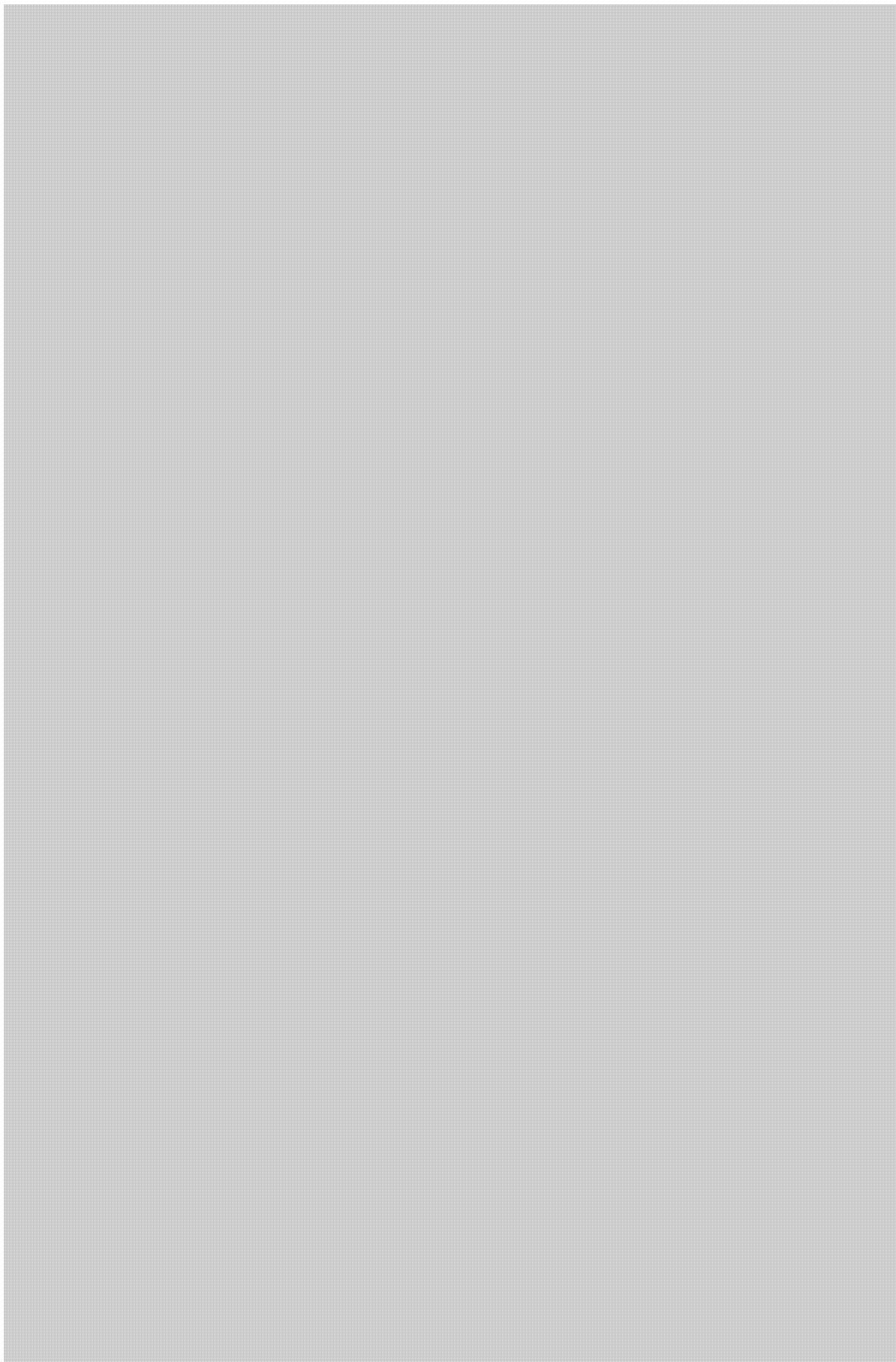
Month 3

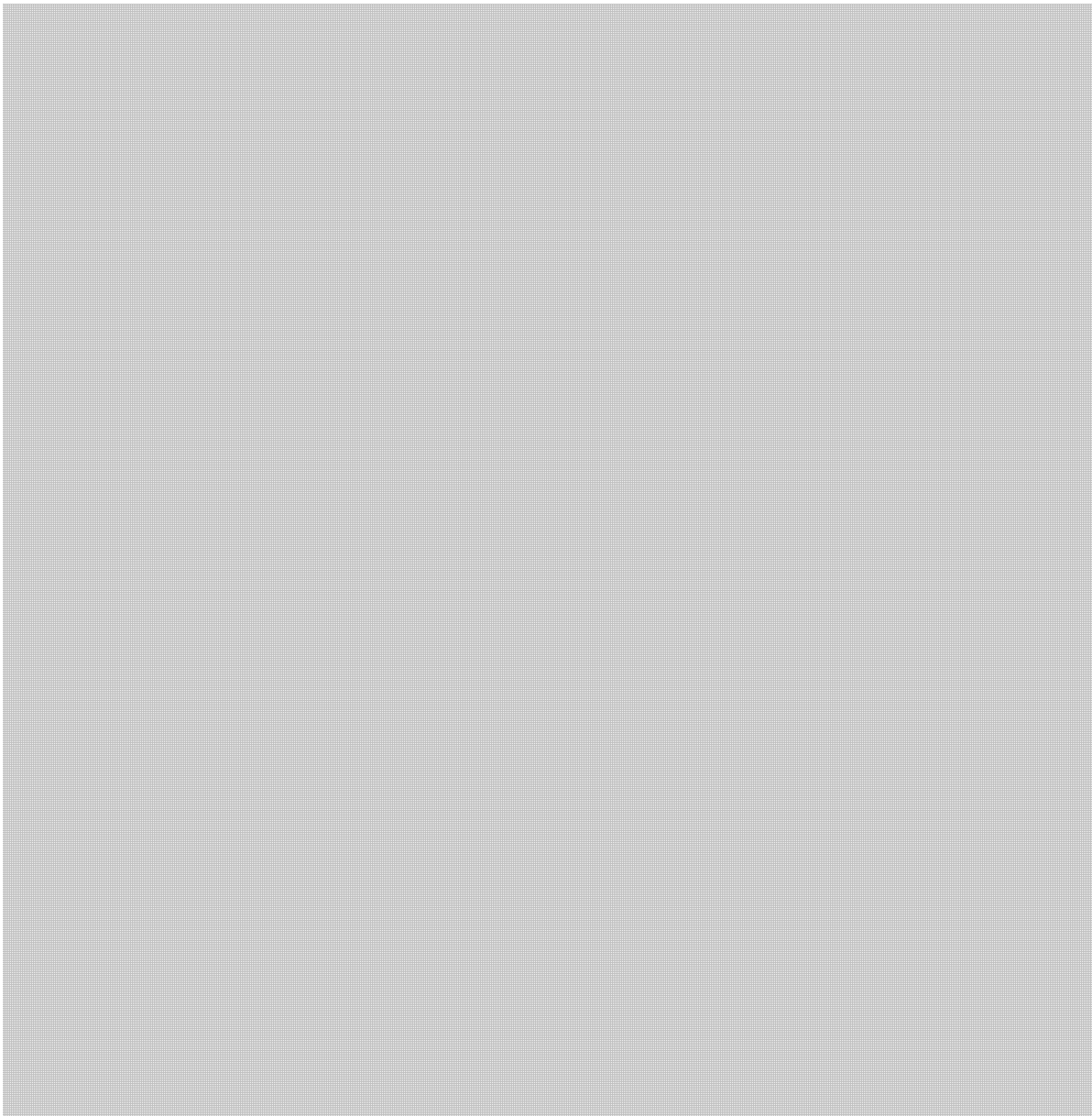


	< 50% FPL ^f		
Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e

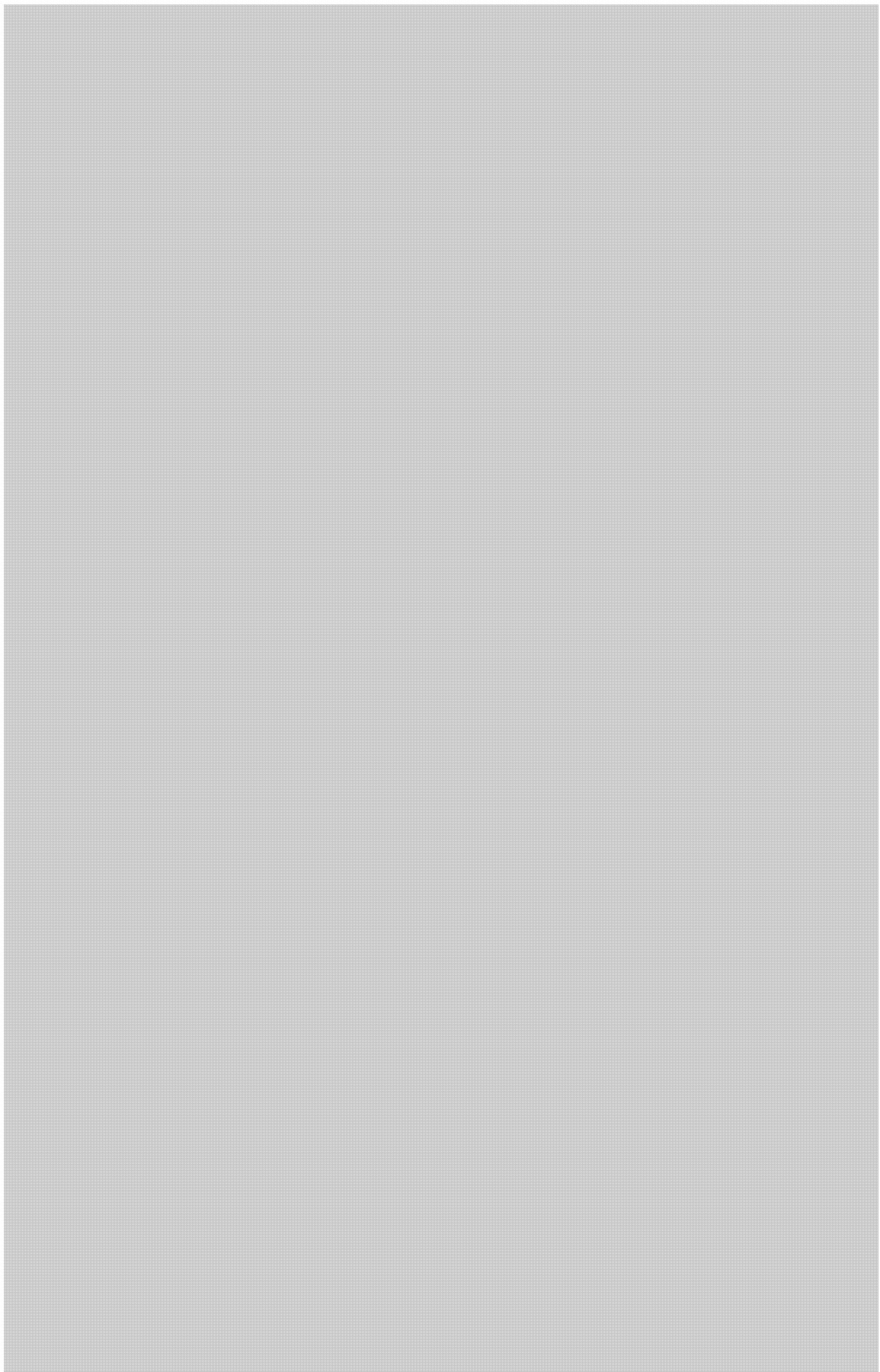


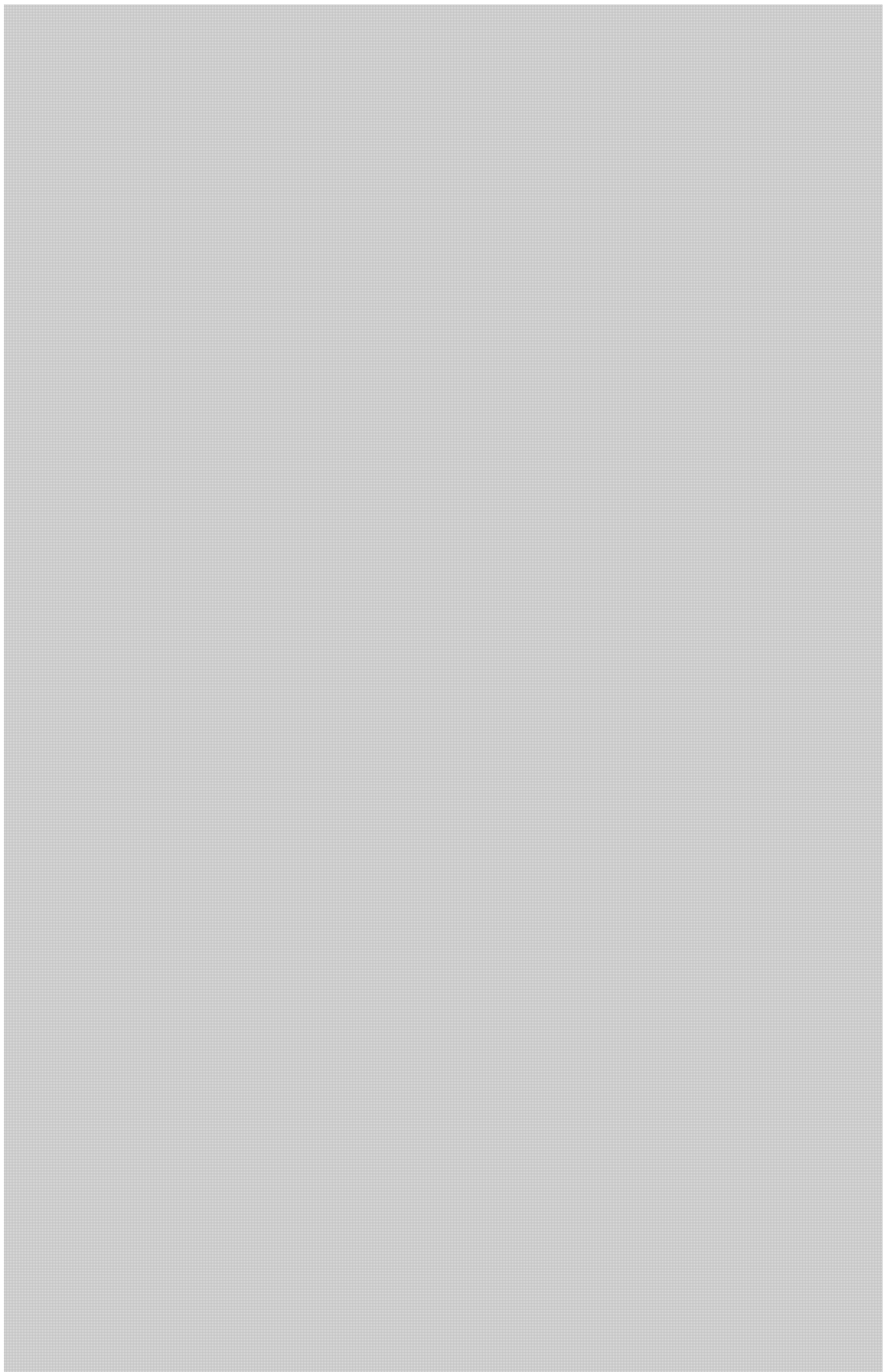


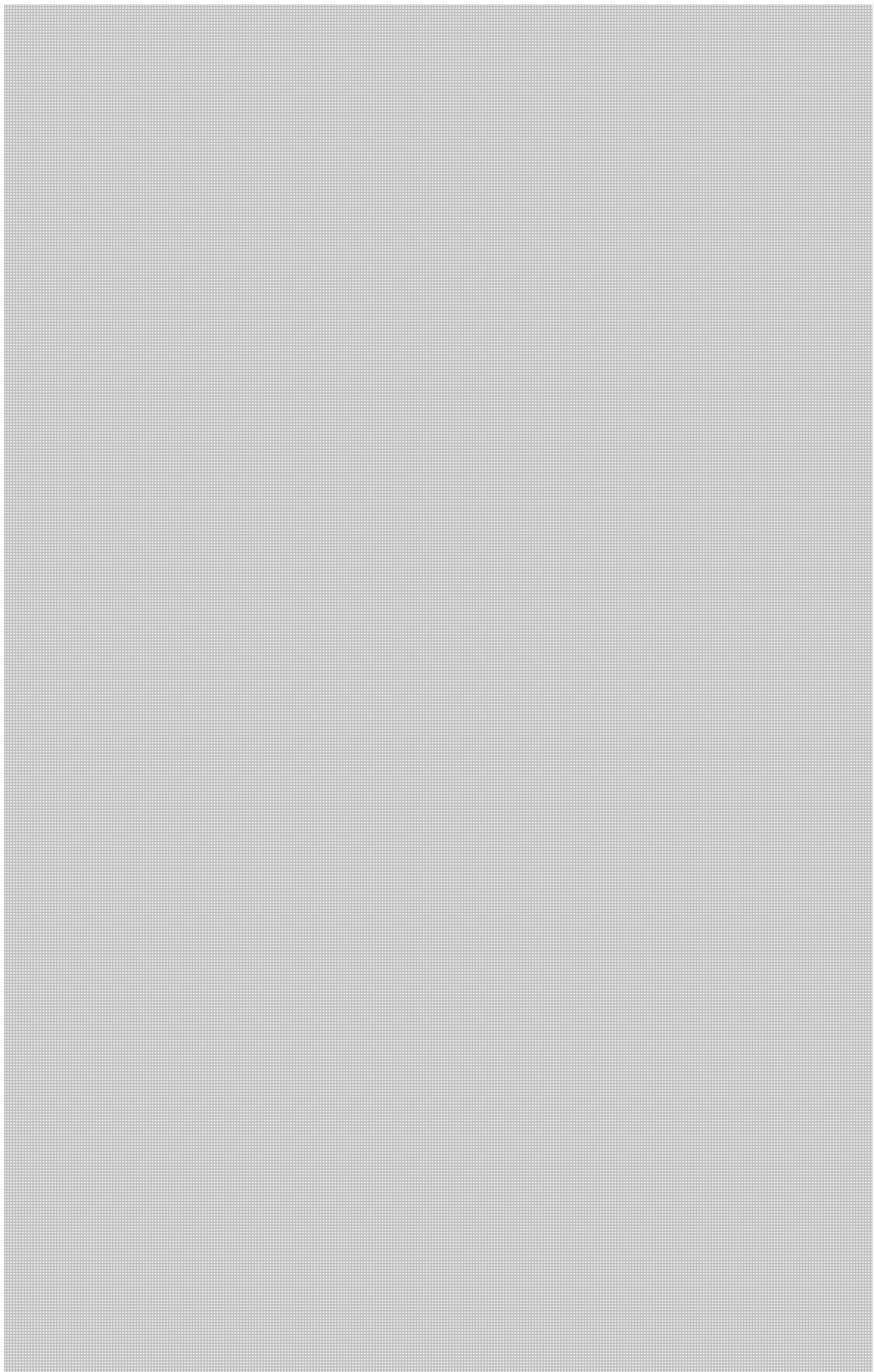


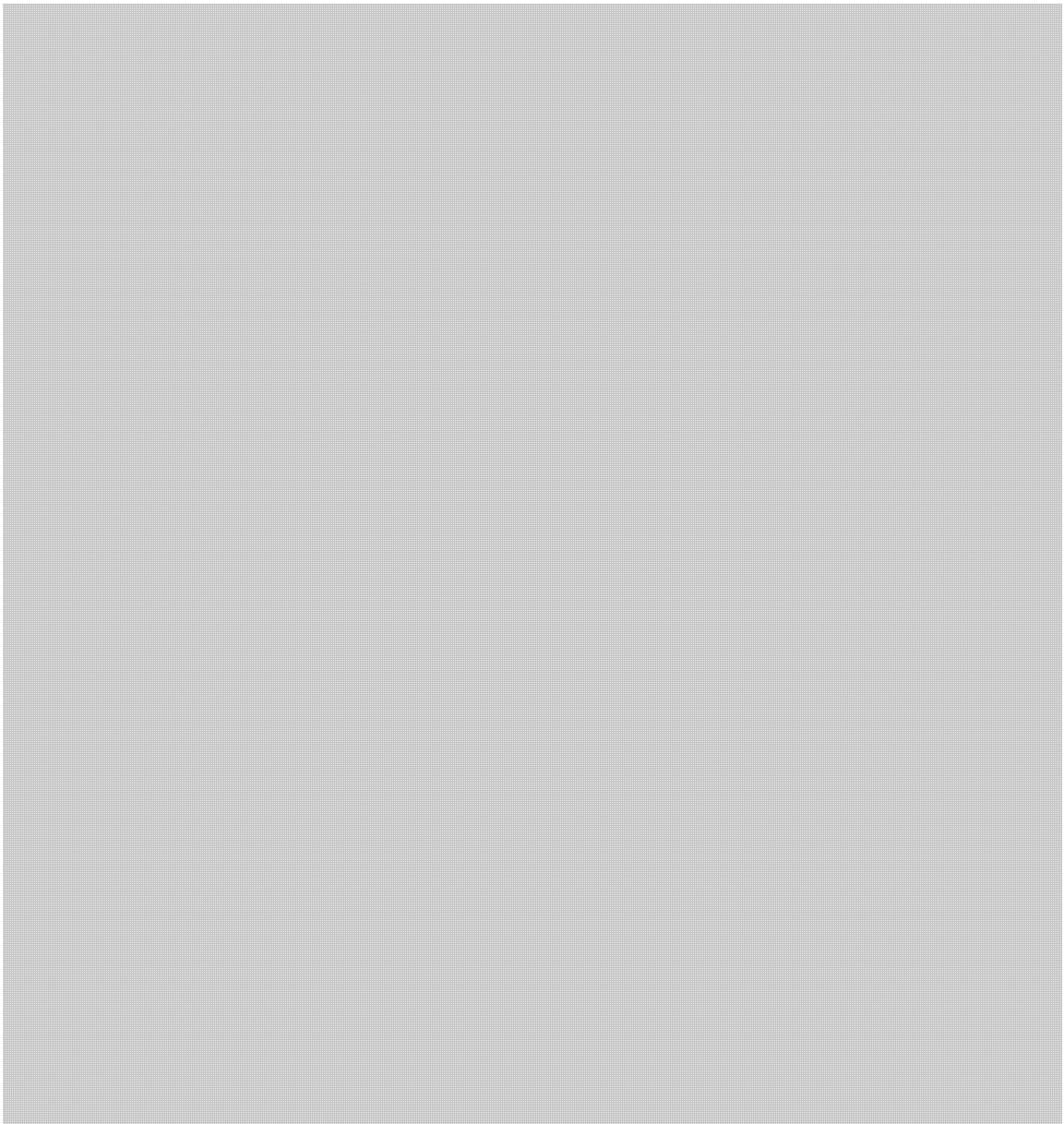


50-100% FPL ^f			
Denominator	Numerator ^d	Rate/Percentage ^e	Denominator

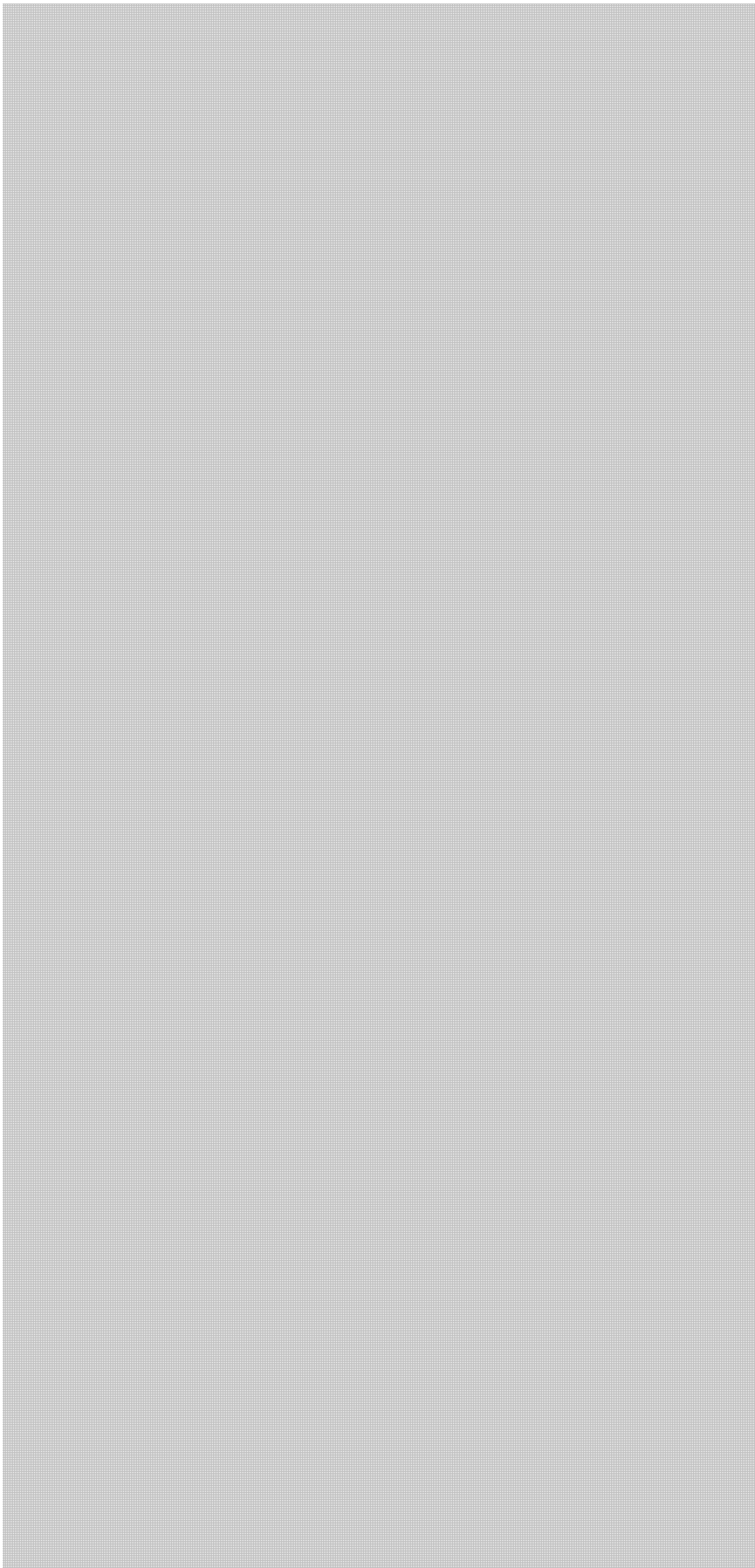


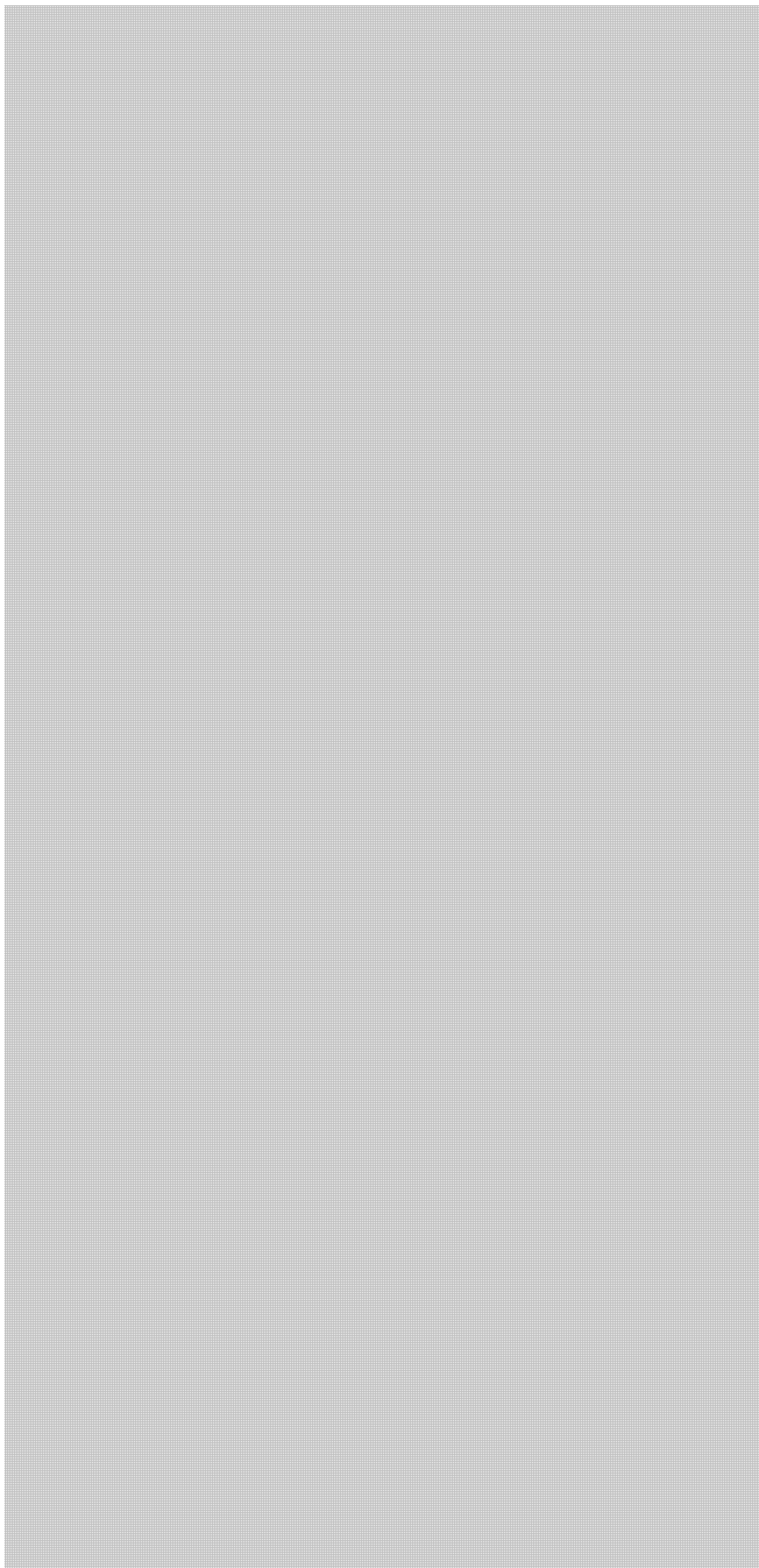


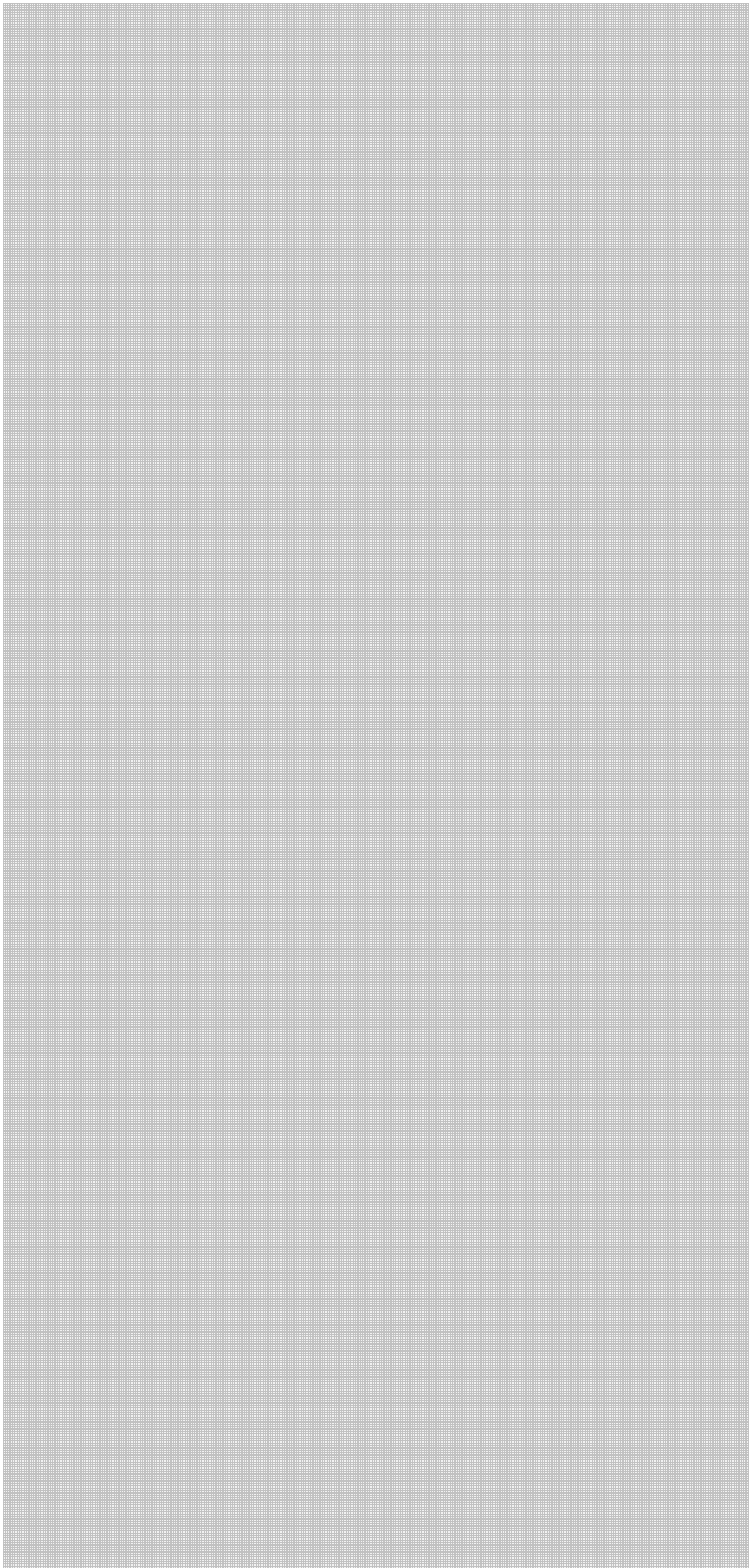




>100% FPL ^f		Age 19-26	
Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d

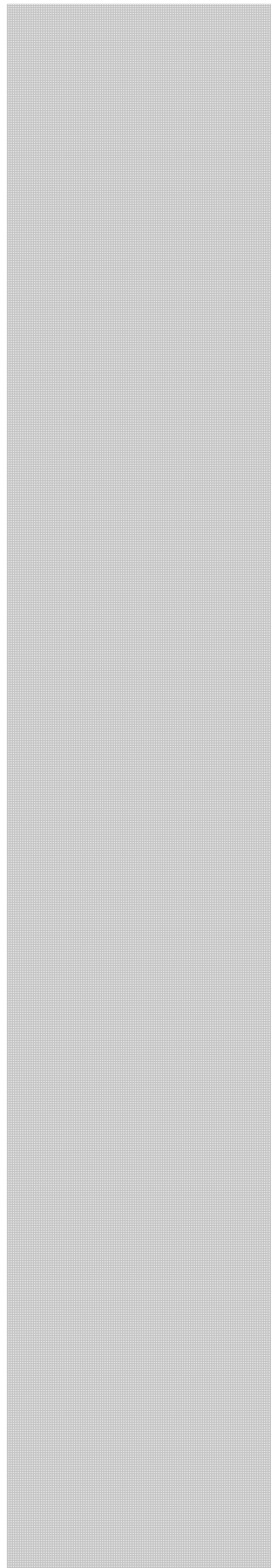
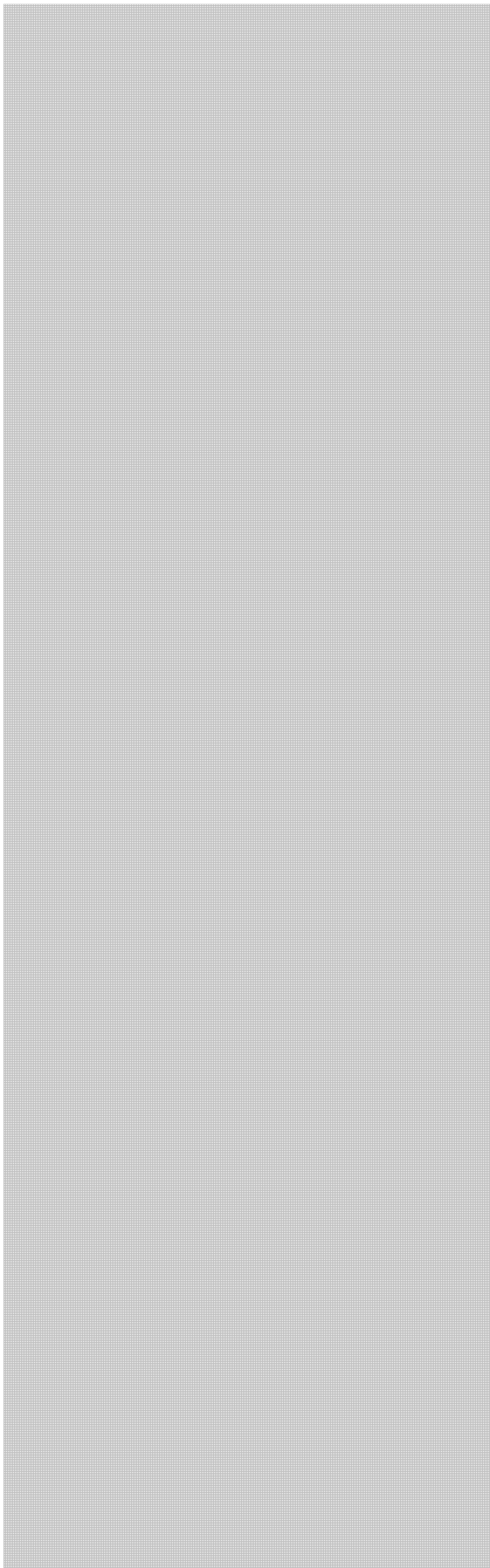


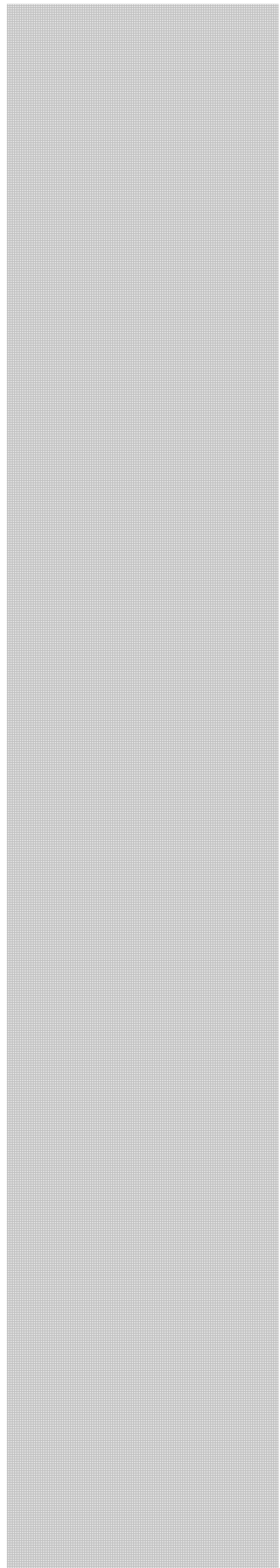
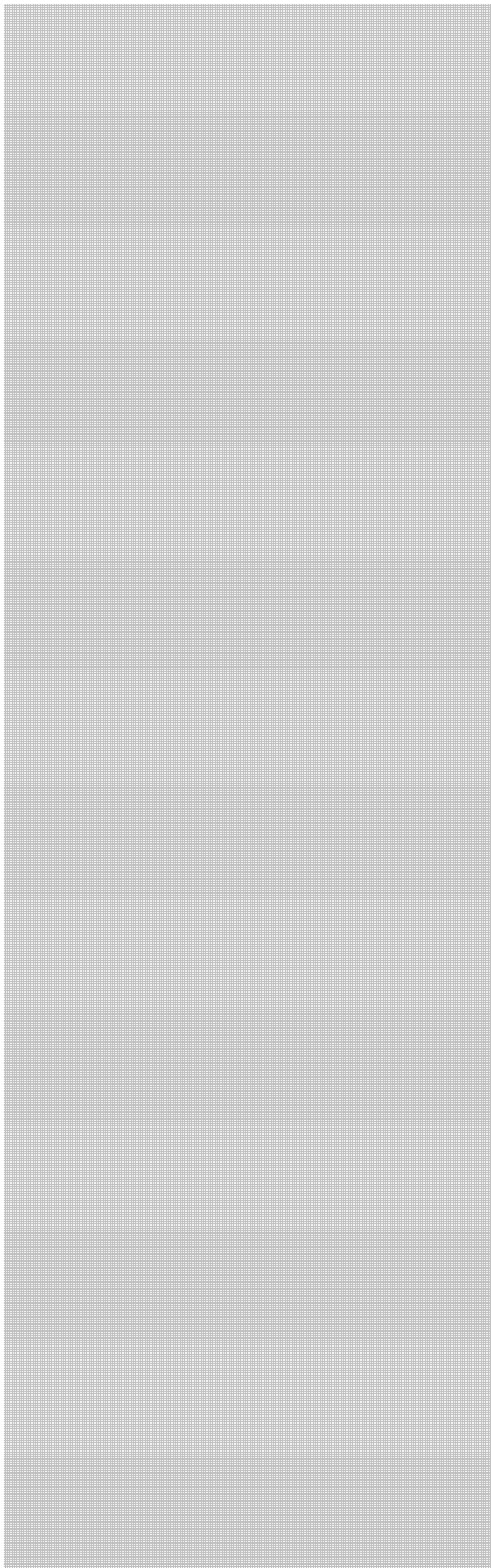


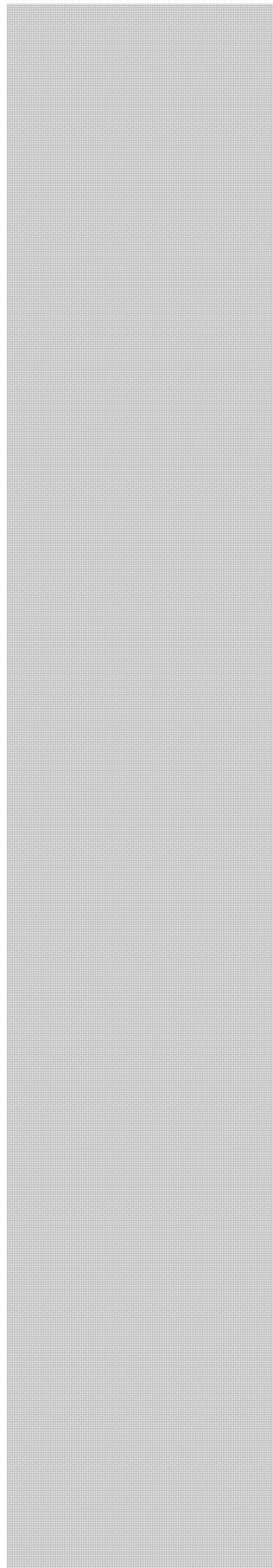
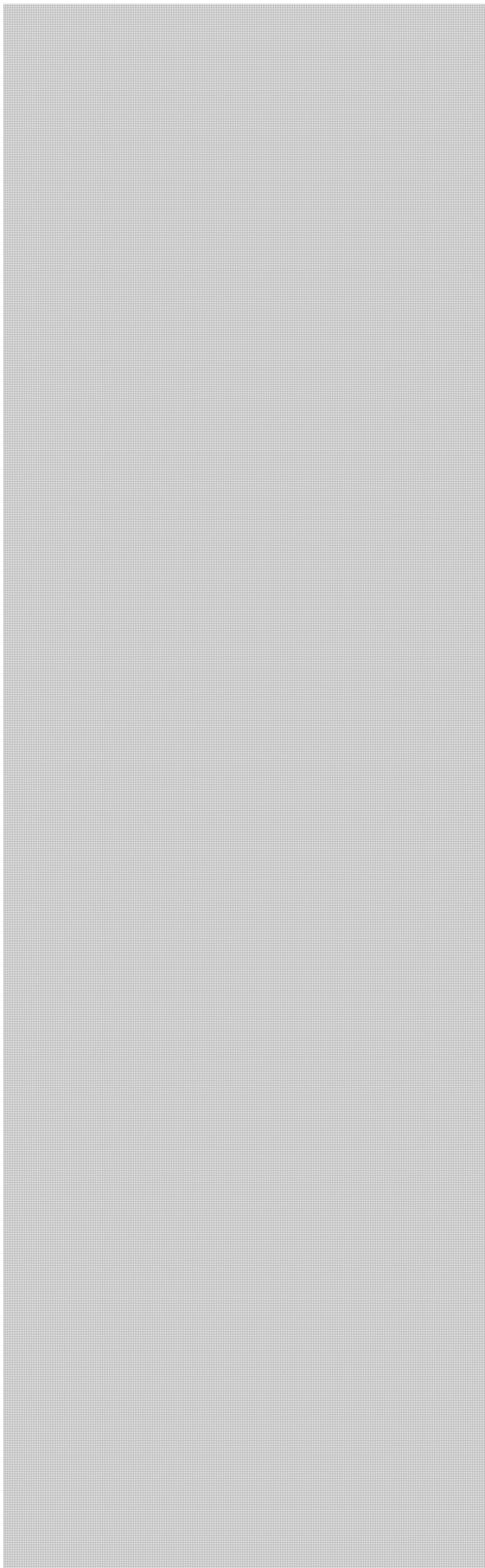


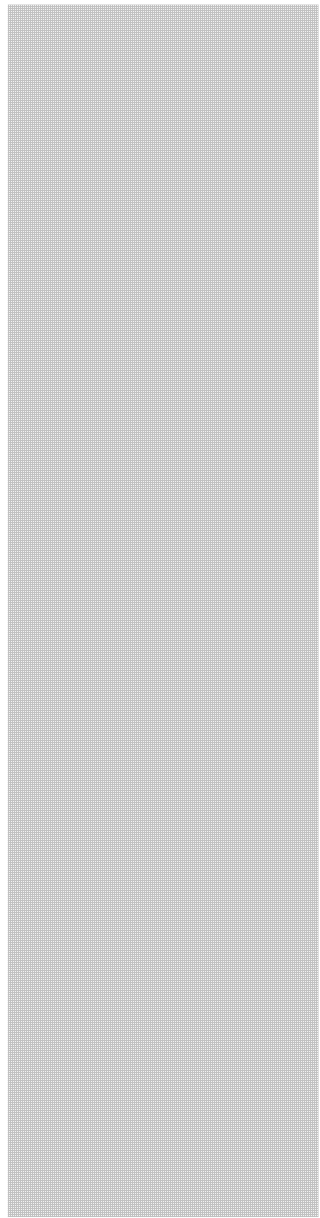
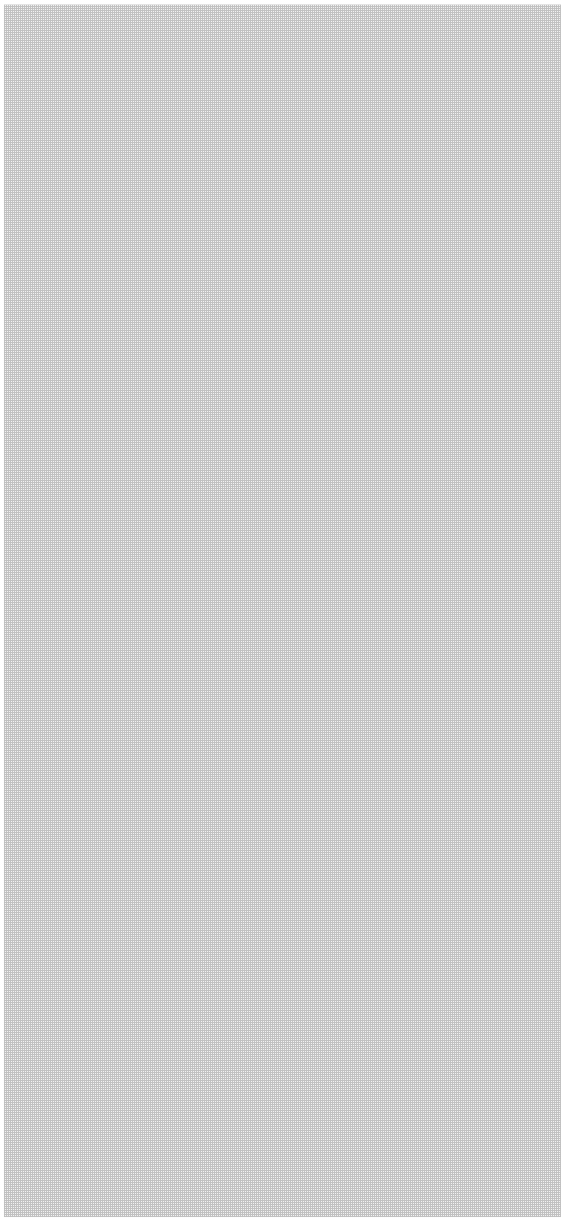


Age 27-35			
Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e

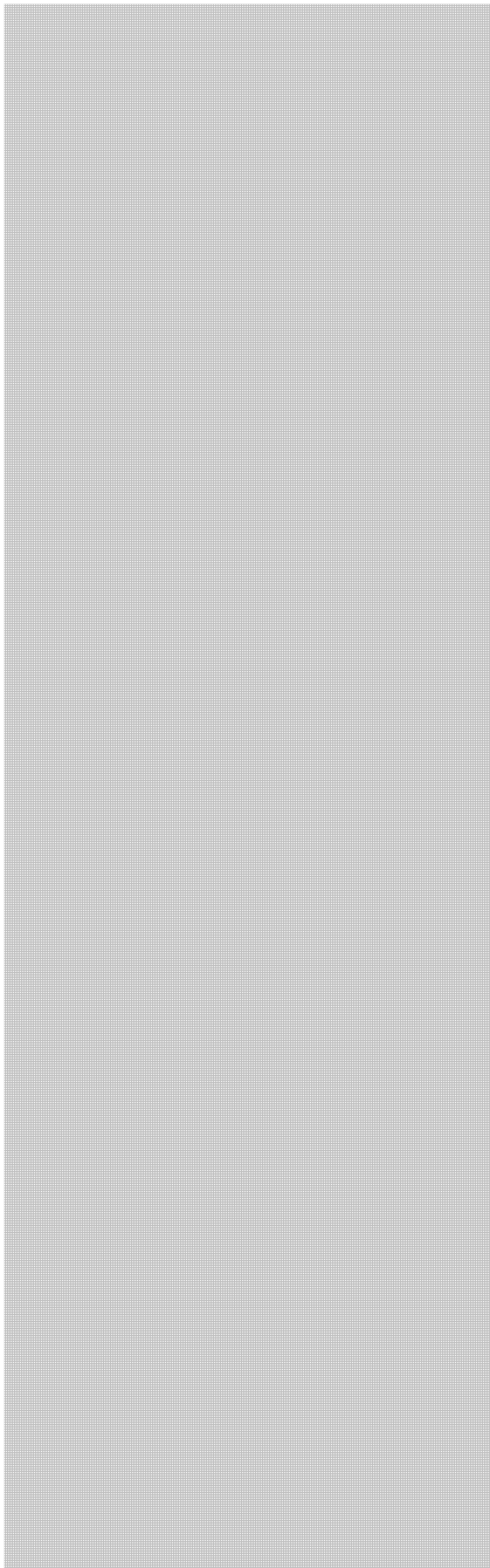
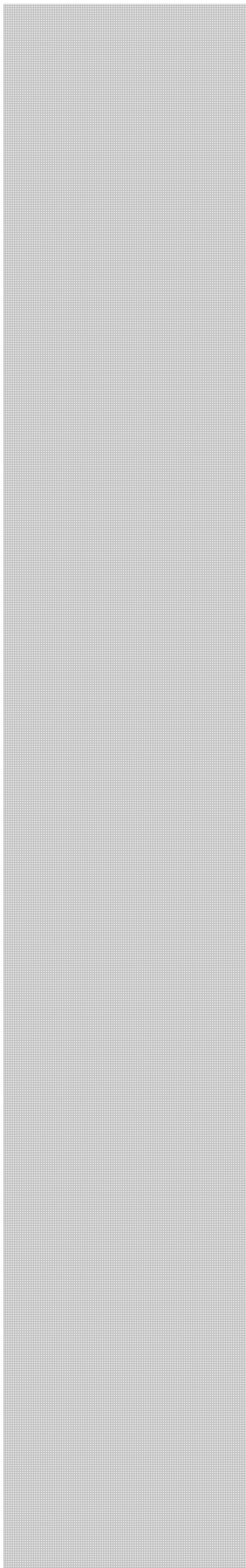


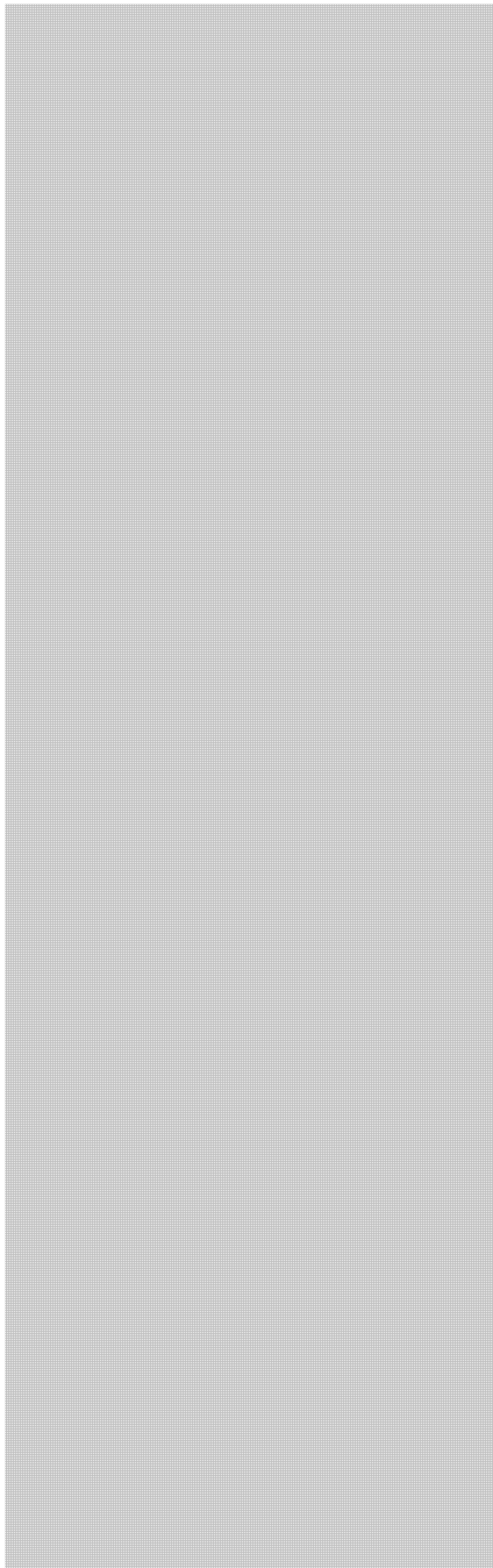
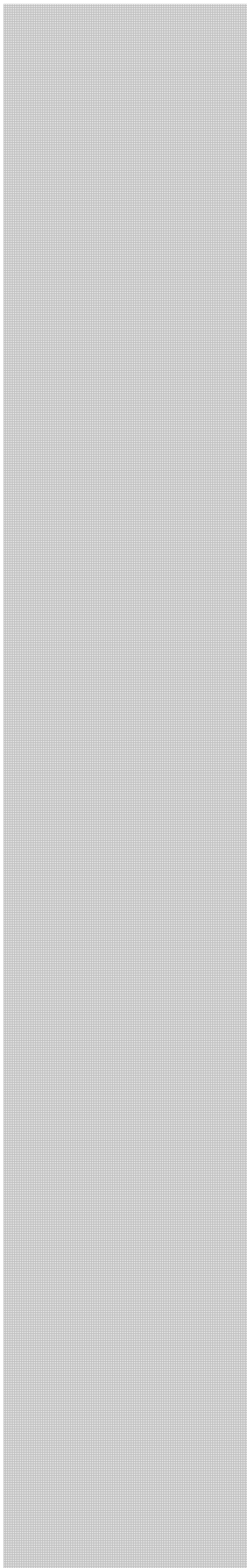


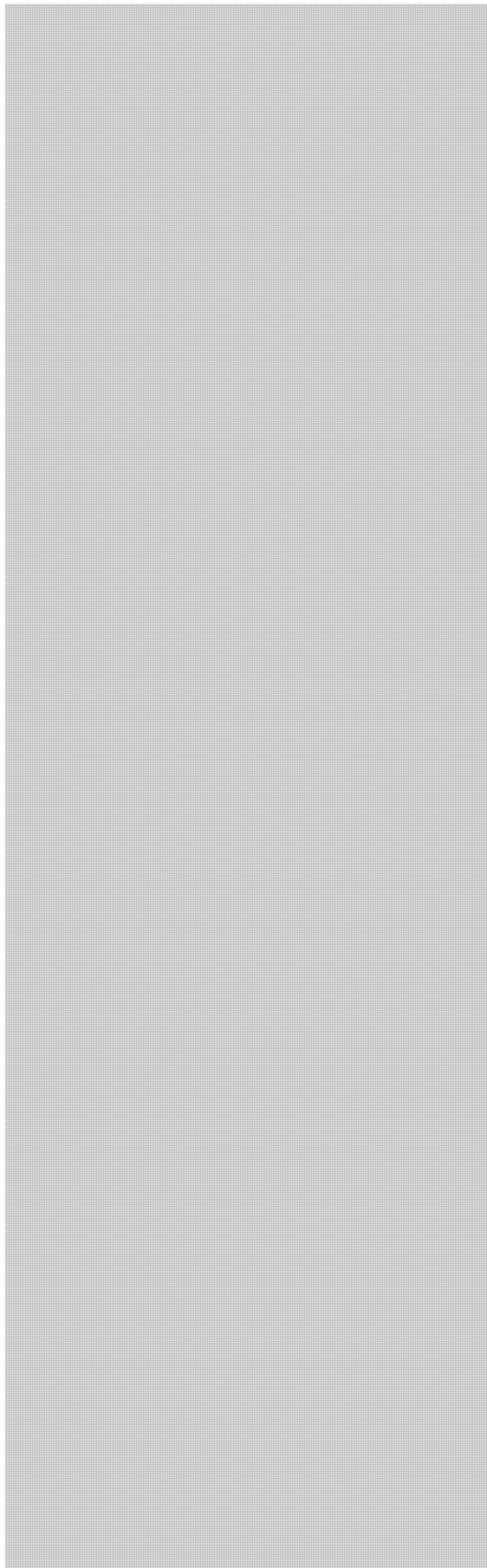
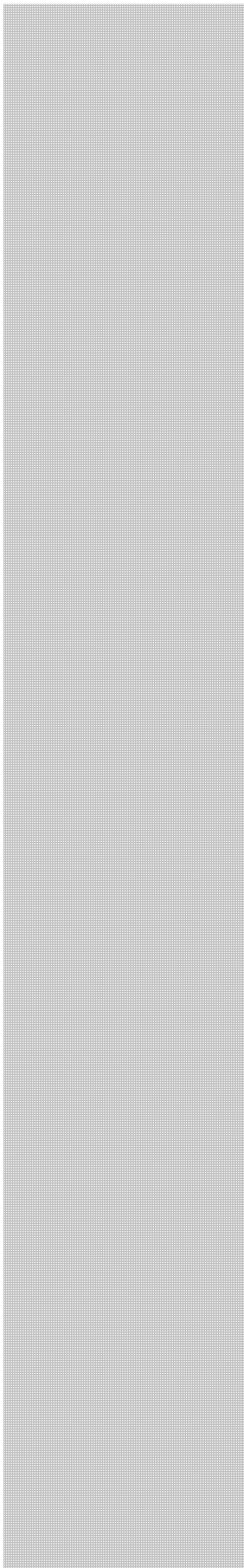


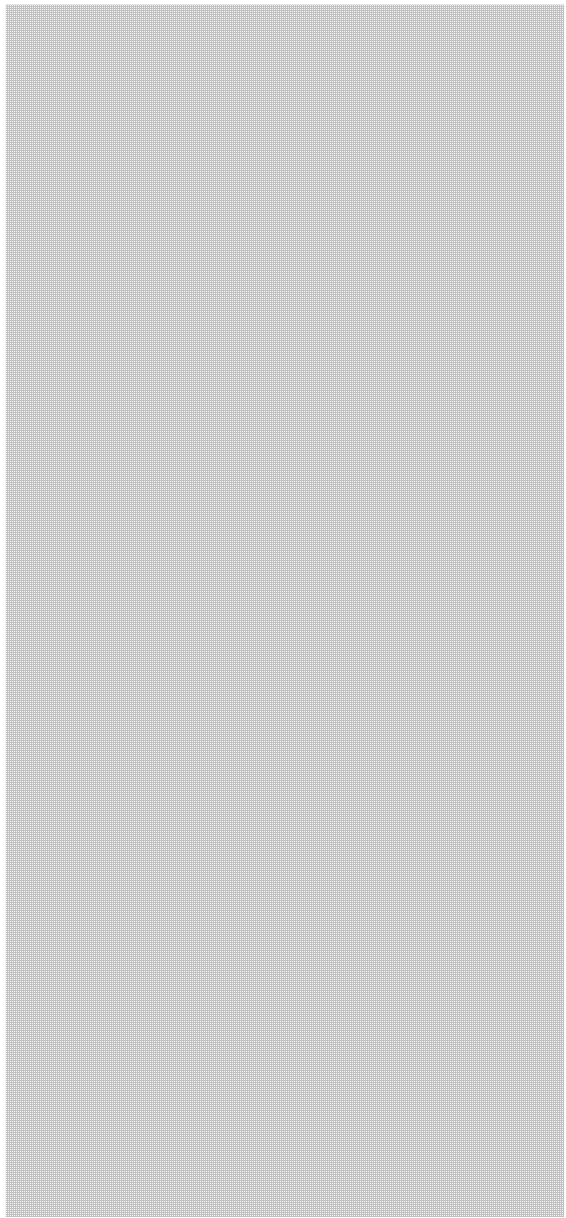
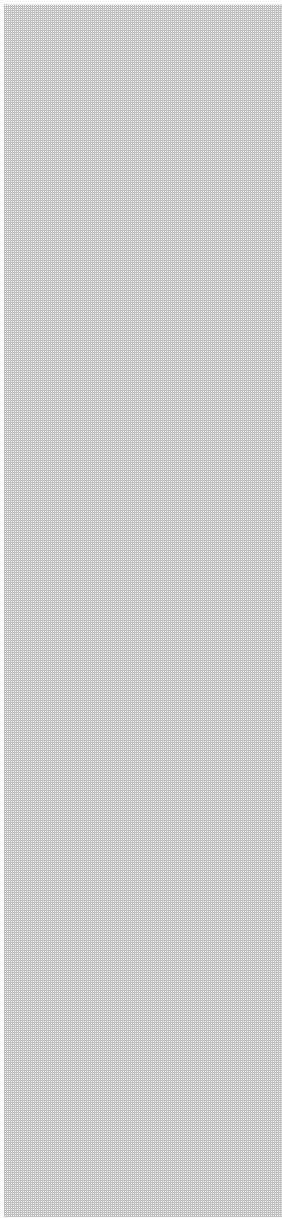


Age 36-45			
Denominator	Numerator ^d	Rate/Percentage ^e	Denominator



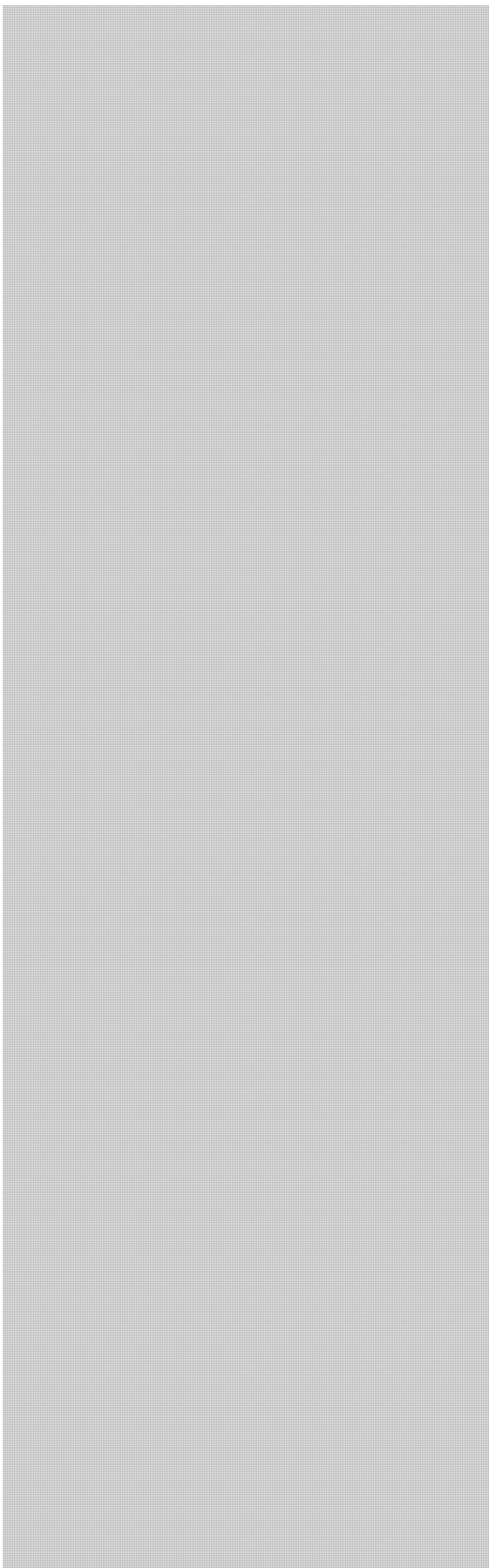






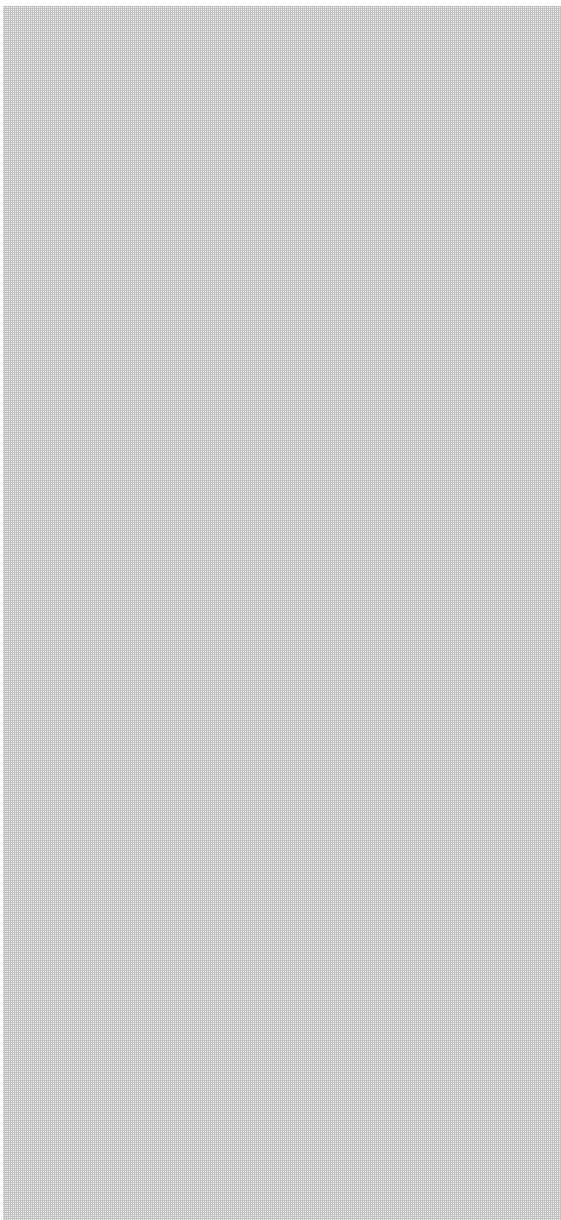
Age 46-55		Age 56-64	
Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d



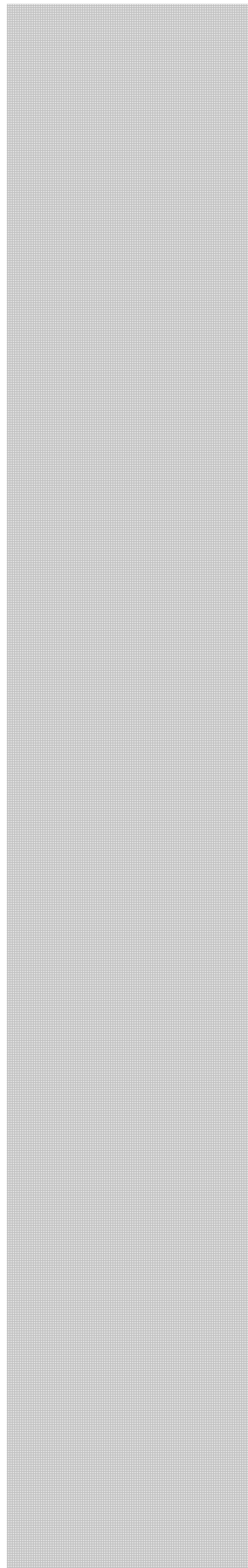
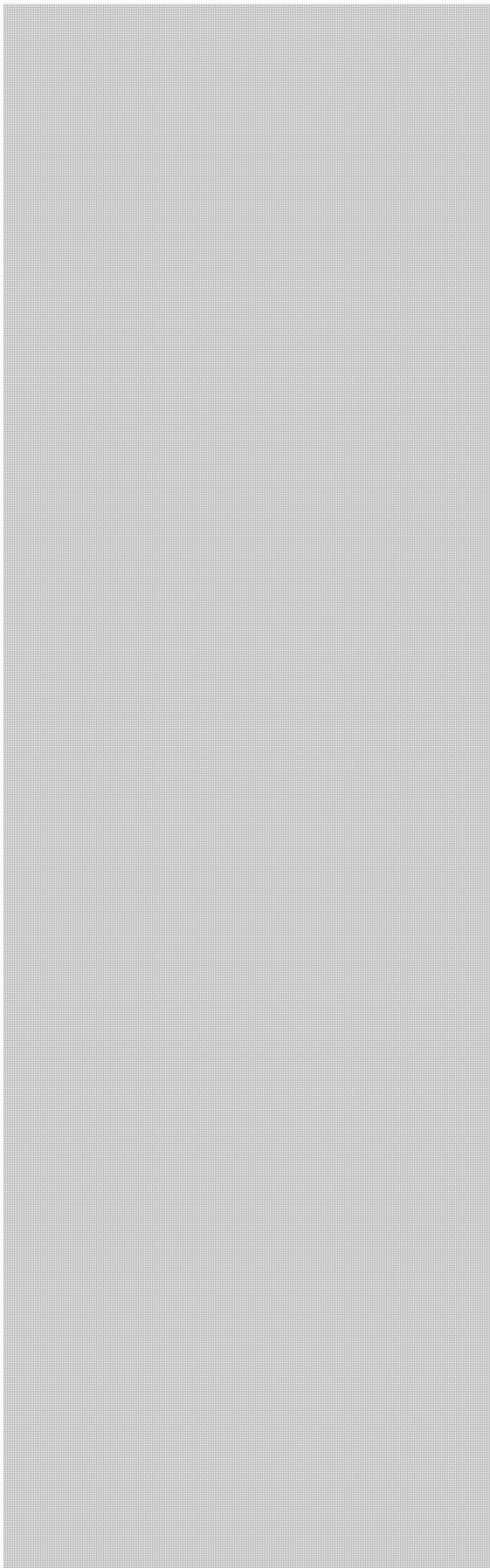


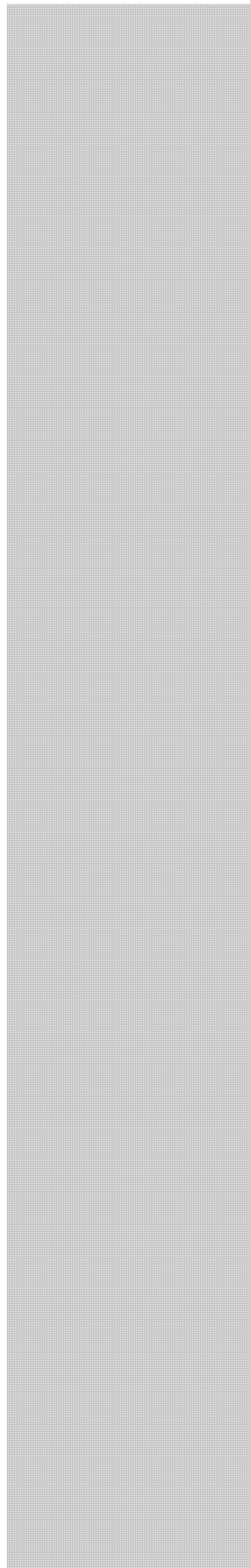
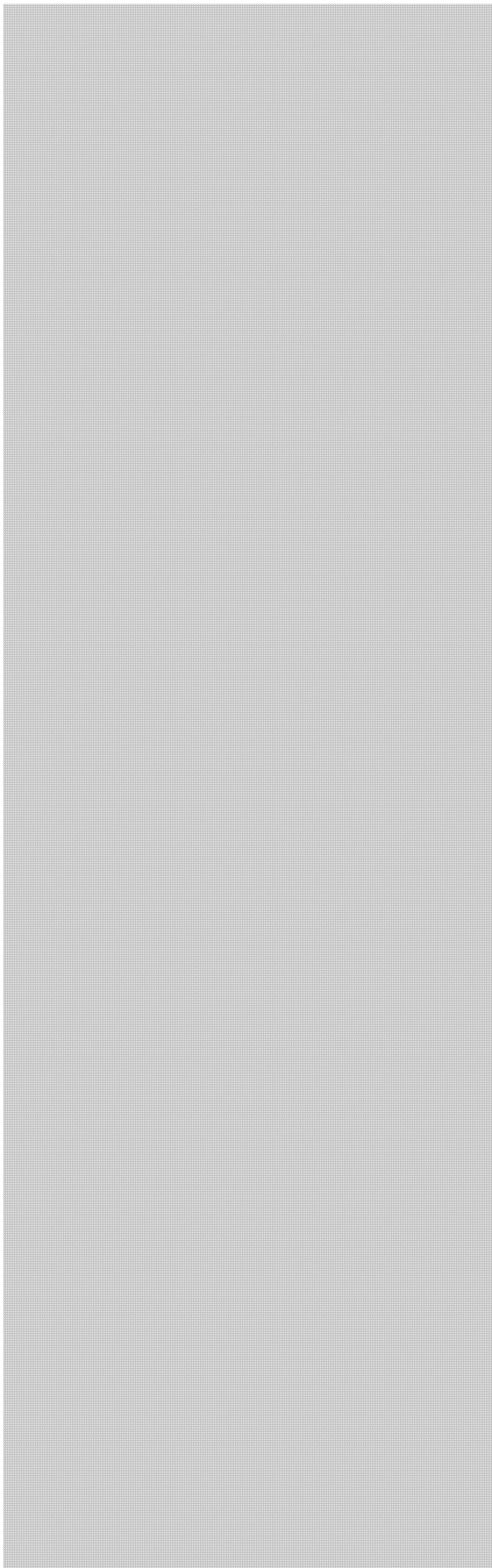


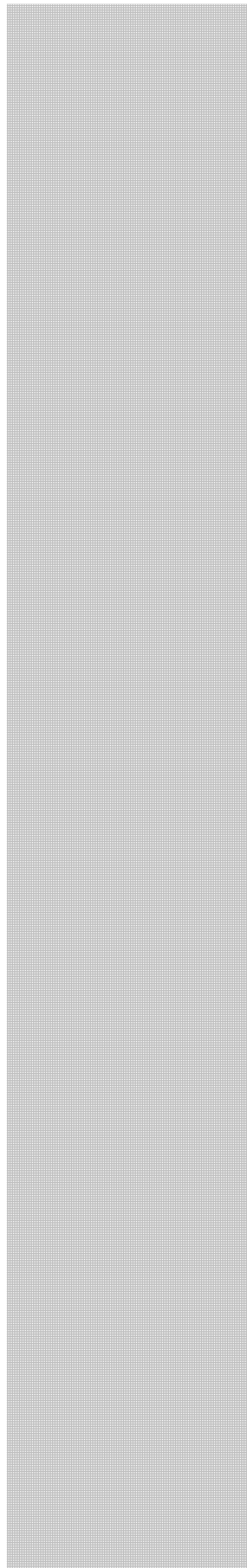
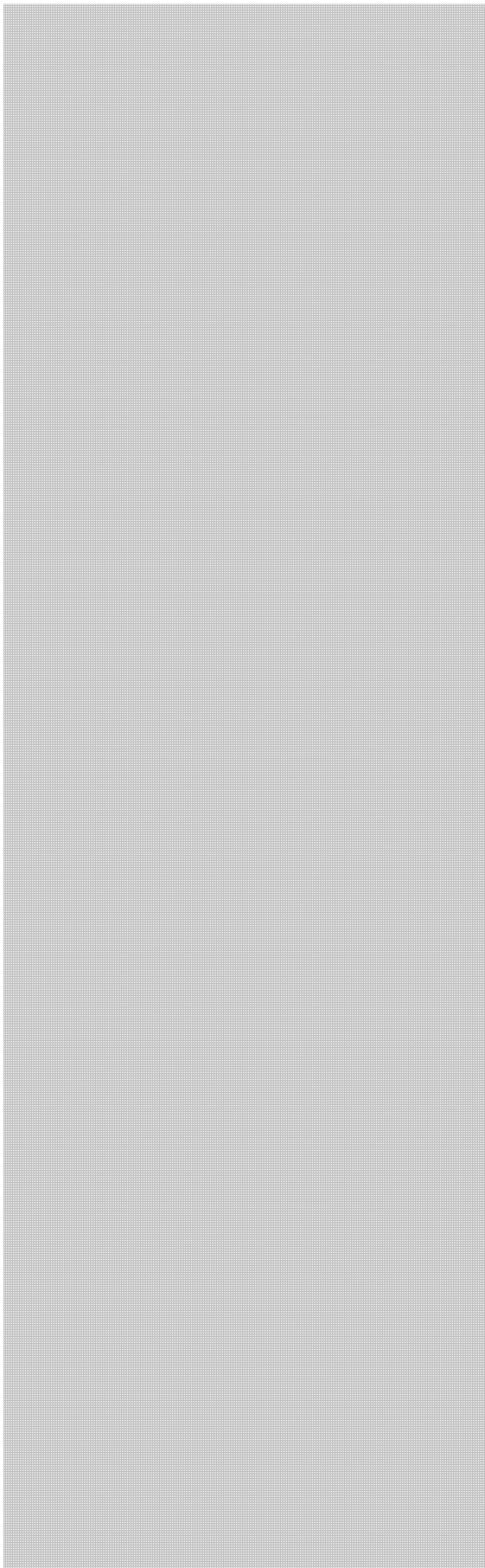


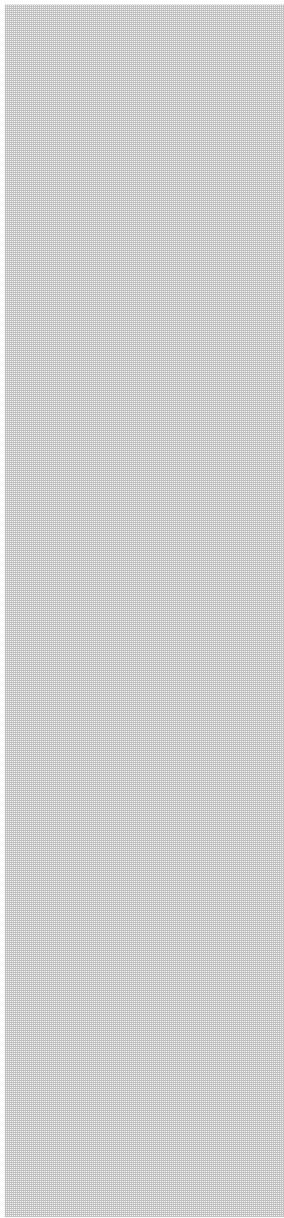
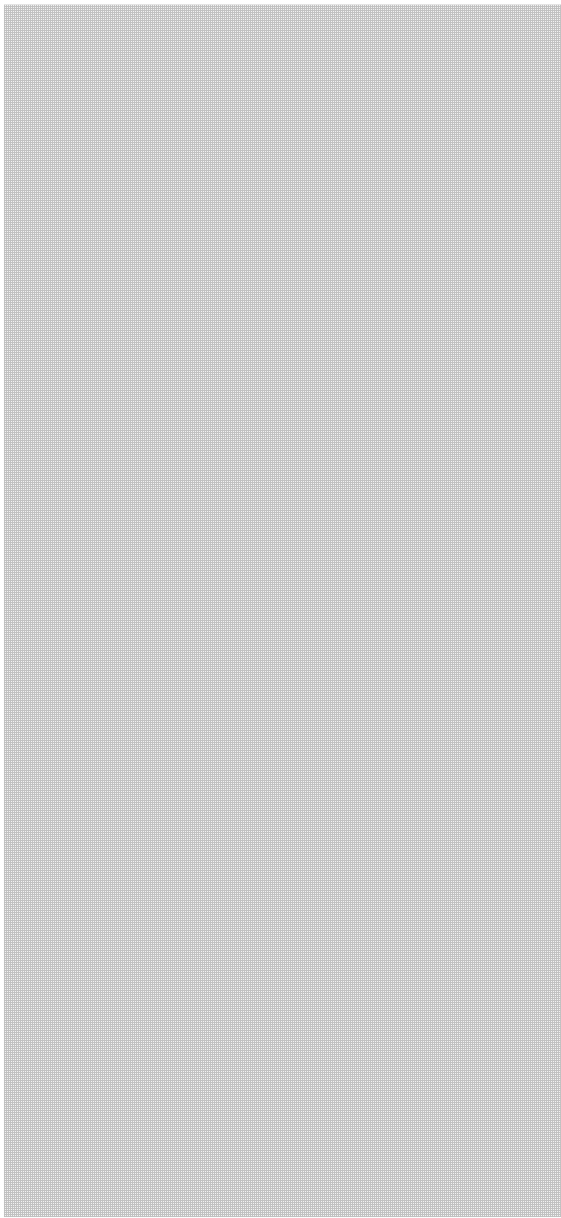


	Male		
Rate/Percentage ^e	Denominator	Numerator ^c	Rate/Percentage ^d

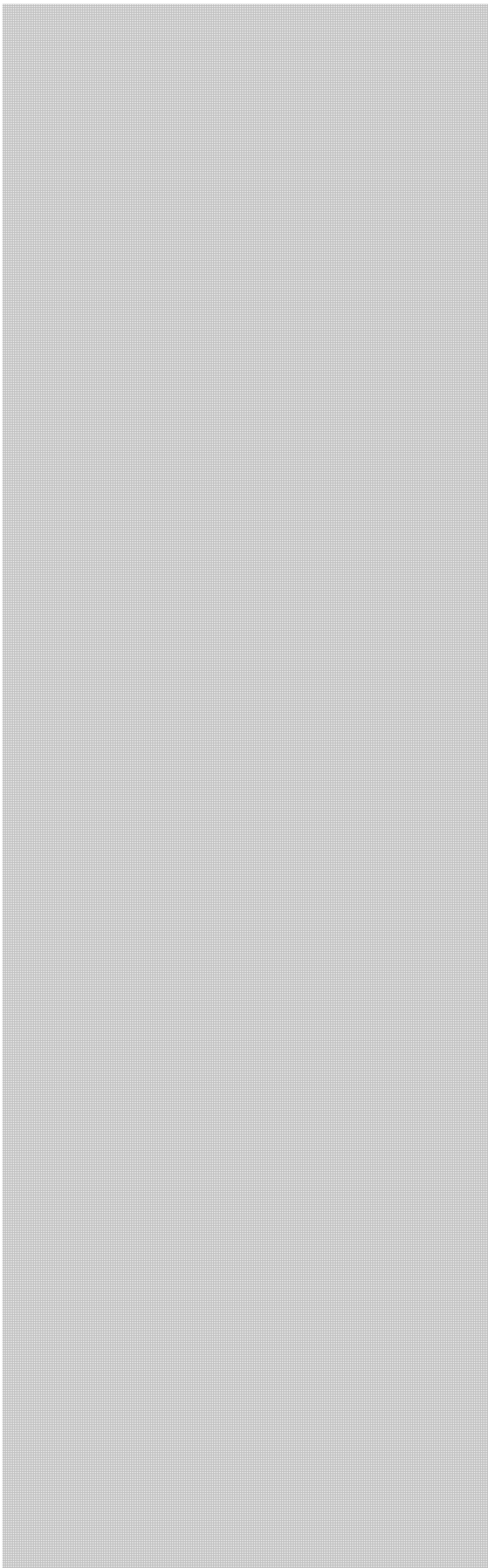
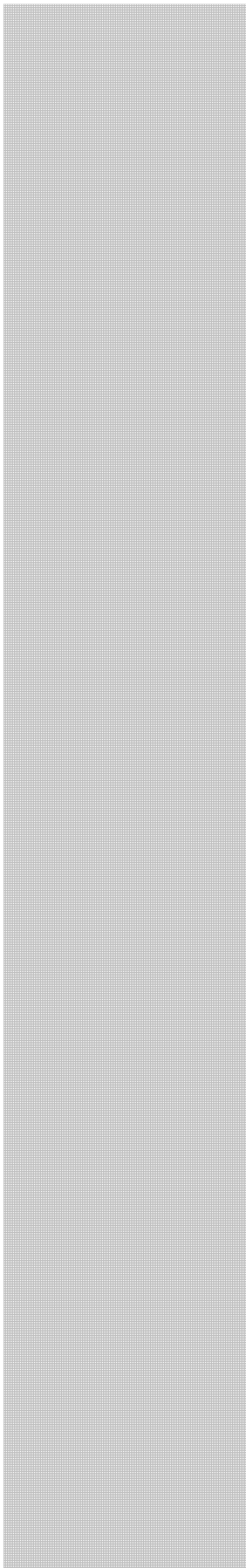


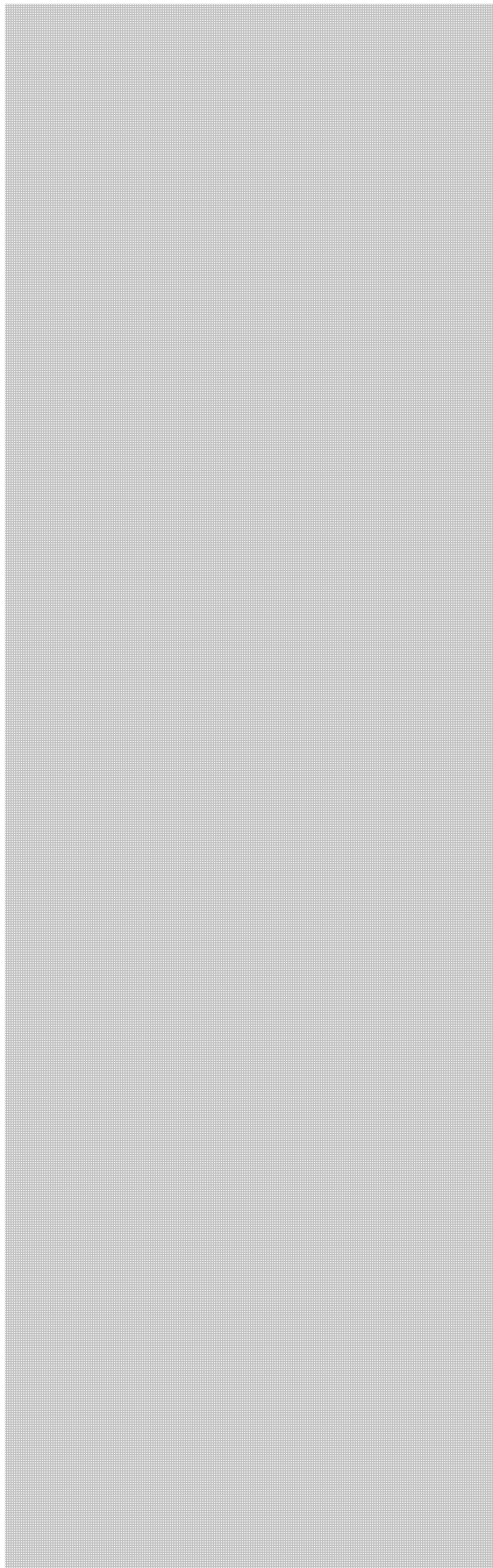
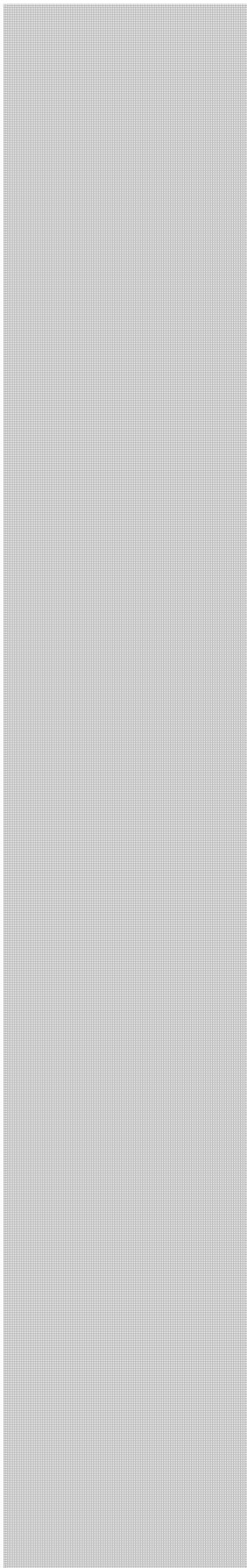


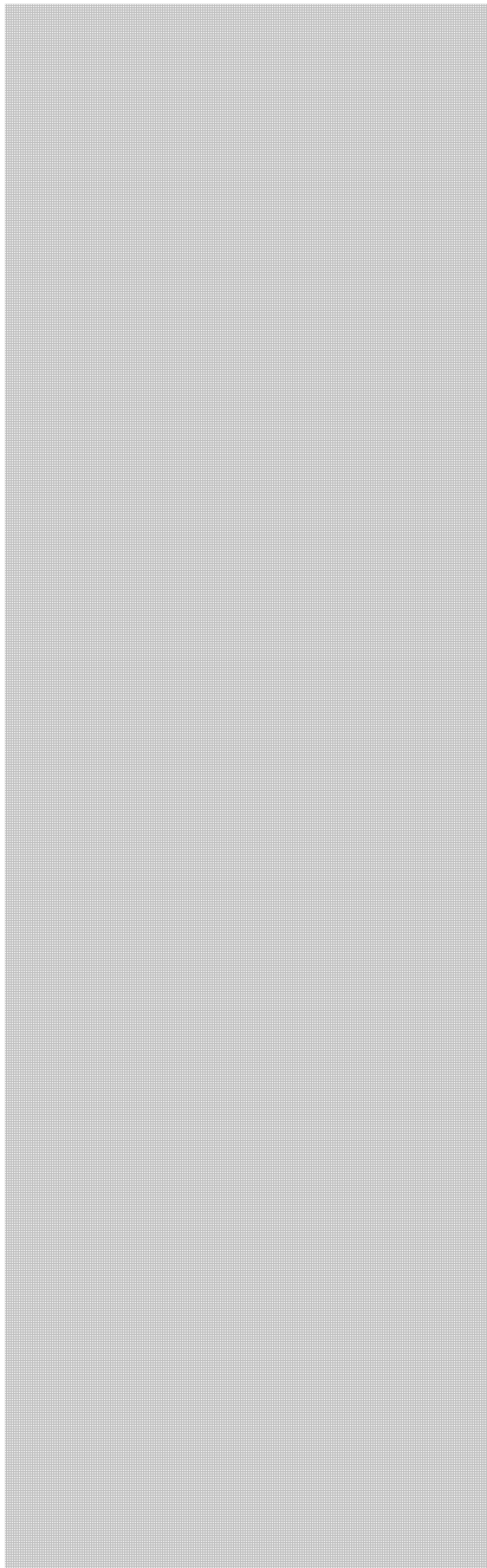
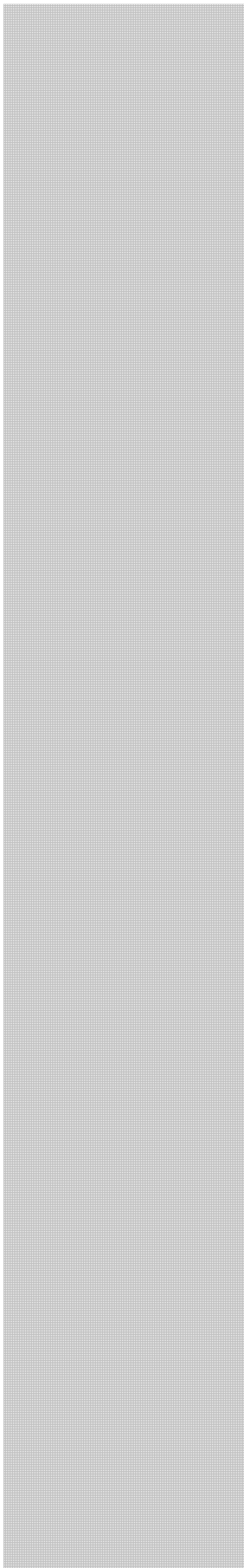


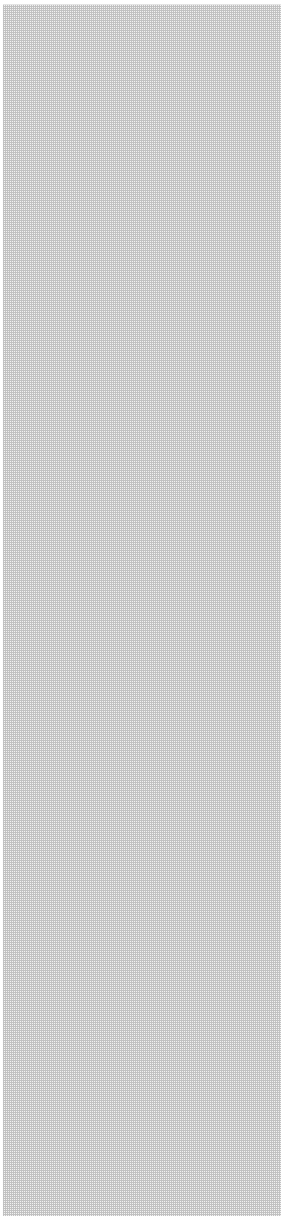


Female			
Denominator	Numerator ^c	Rate/Percentage ^d	Denominator

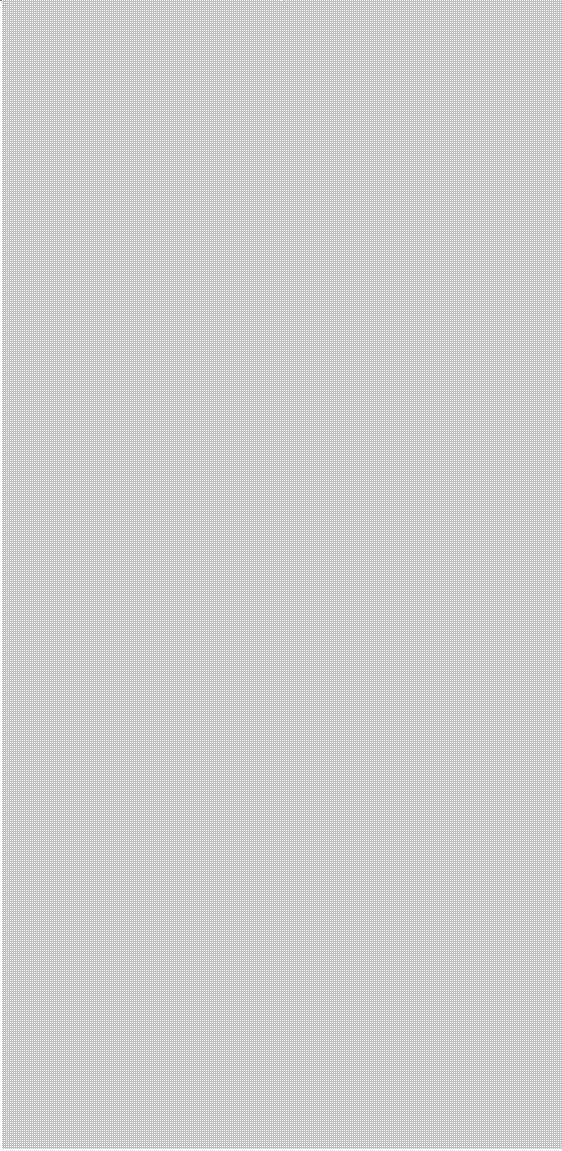




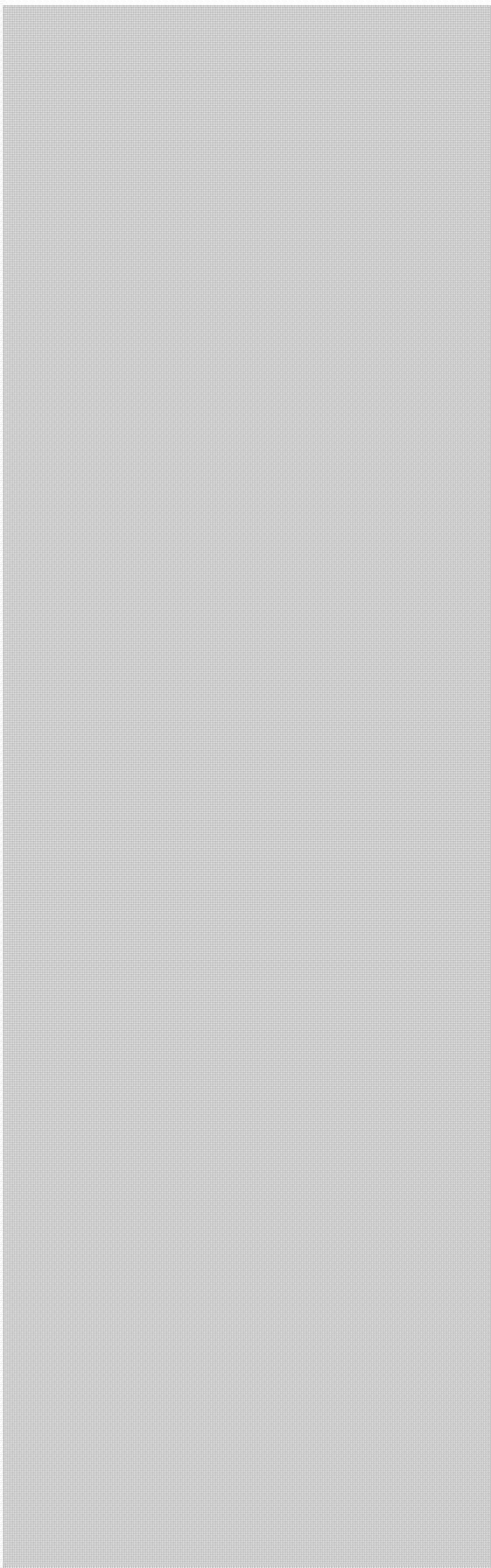


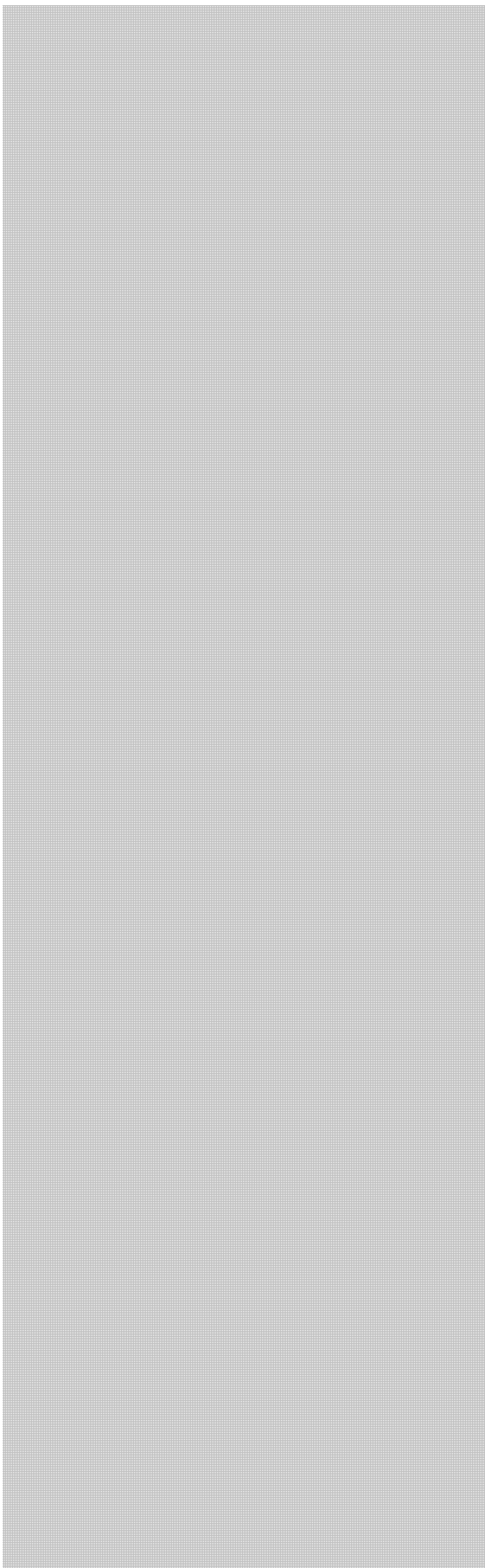


White		Black or African American	
Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d



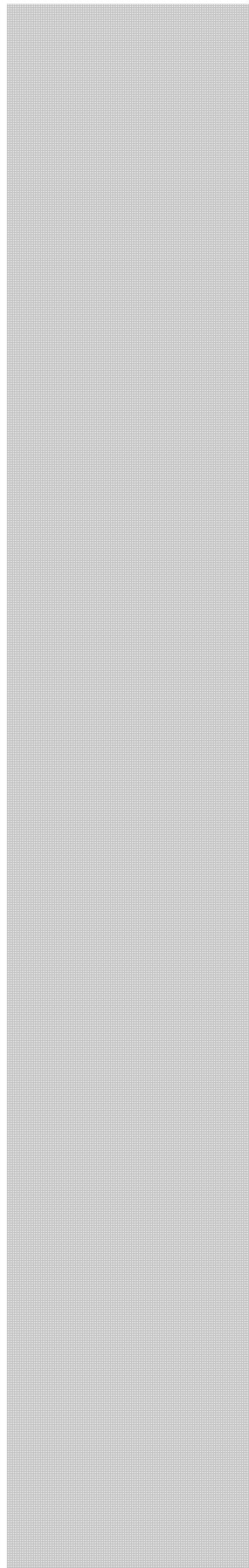
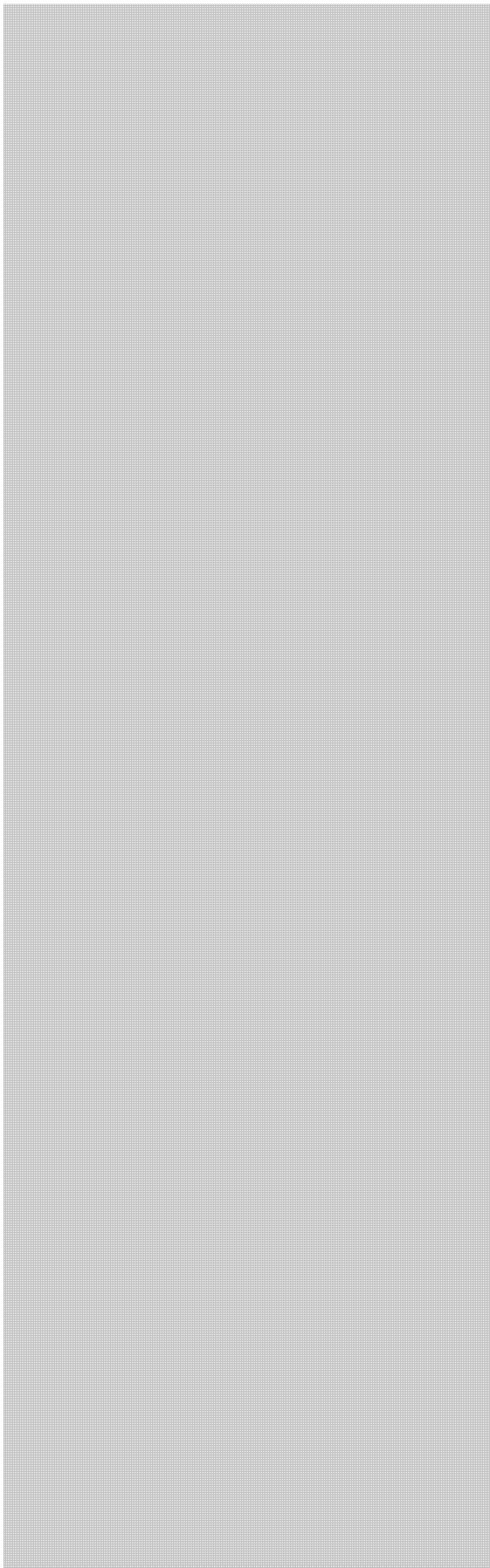


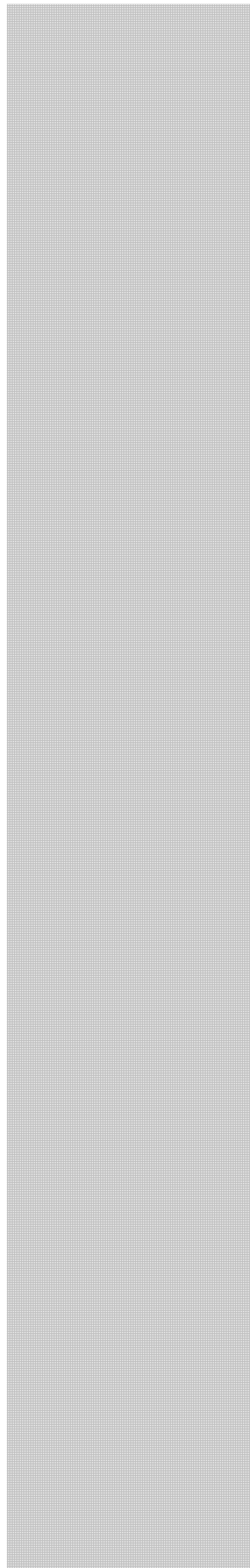
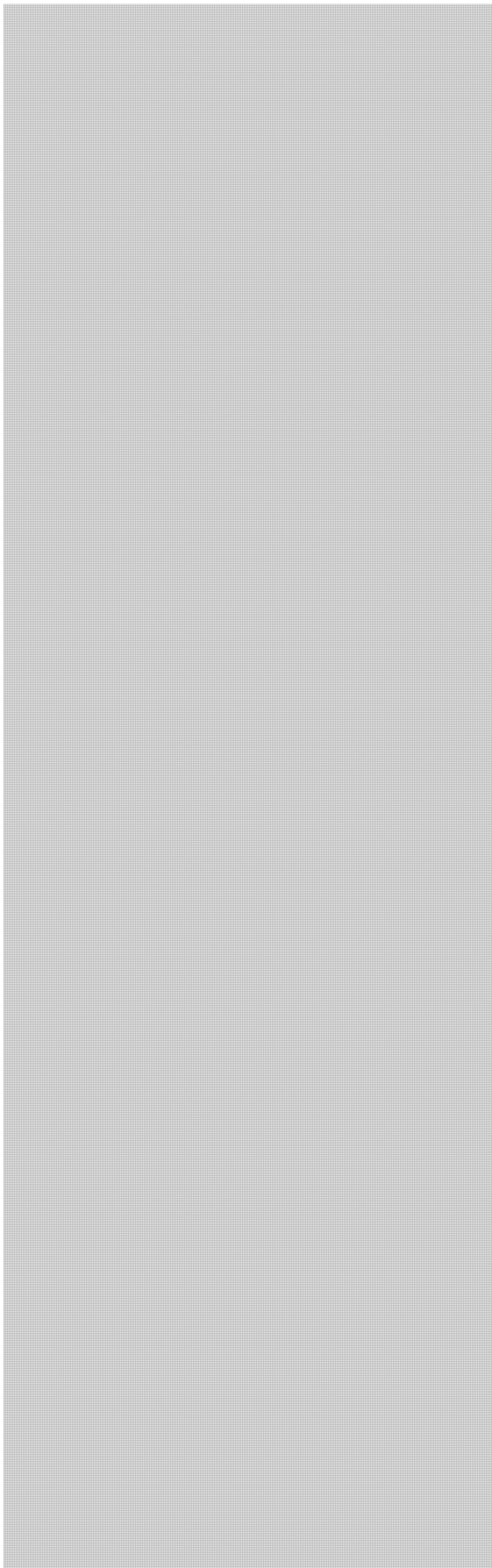


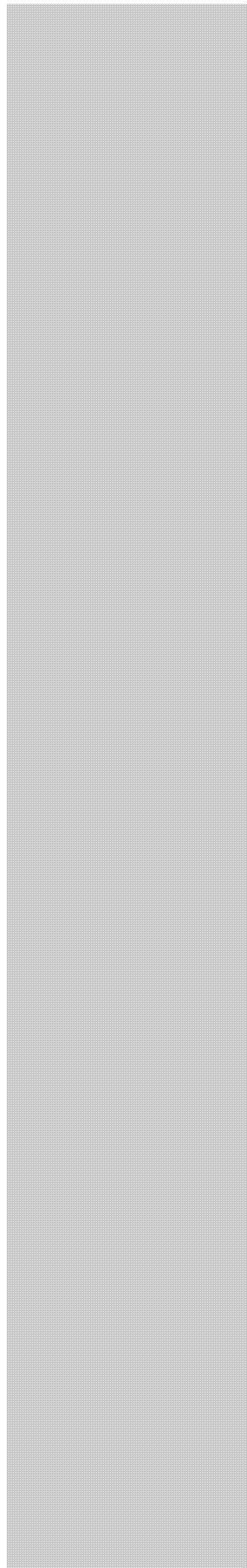
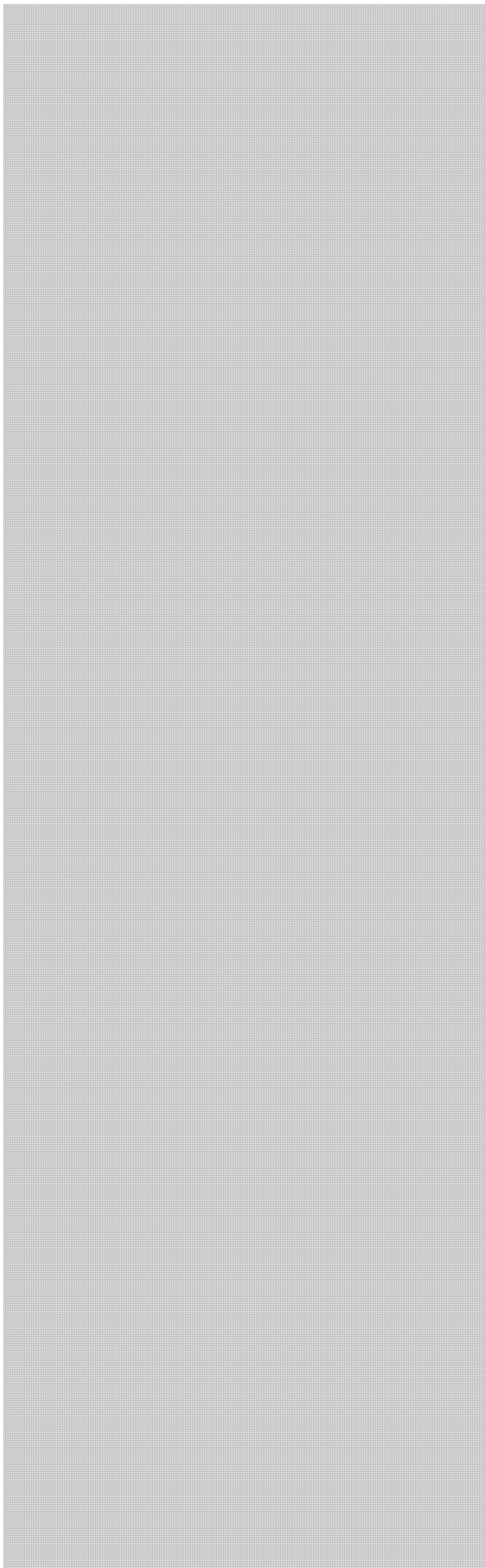


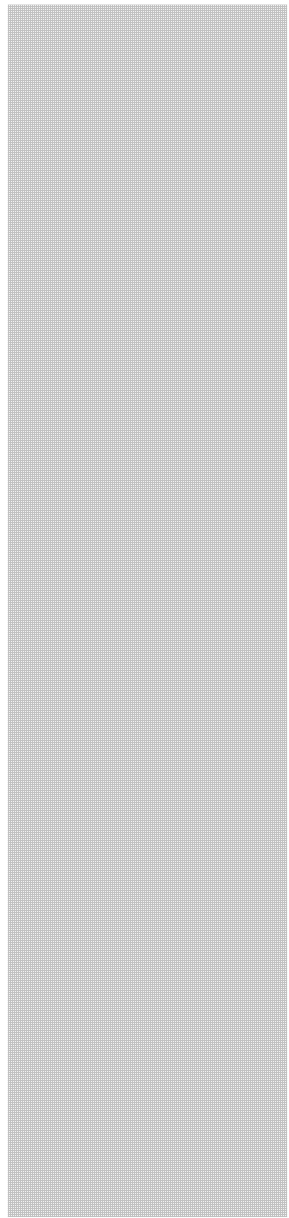
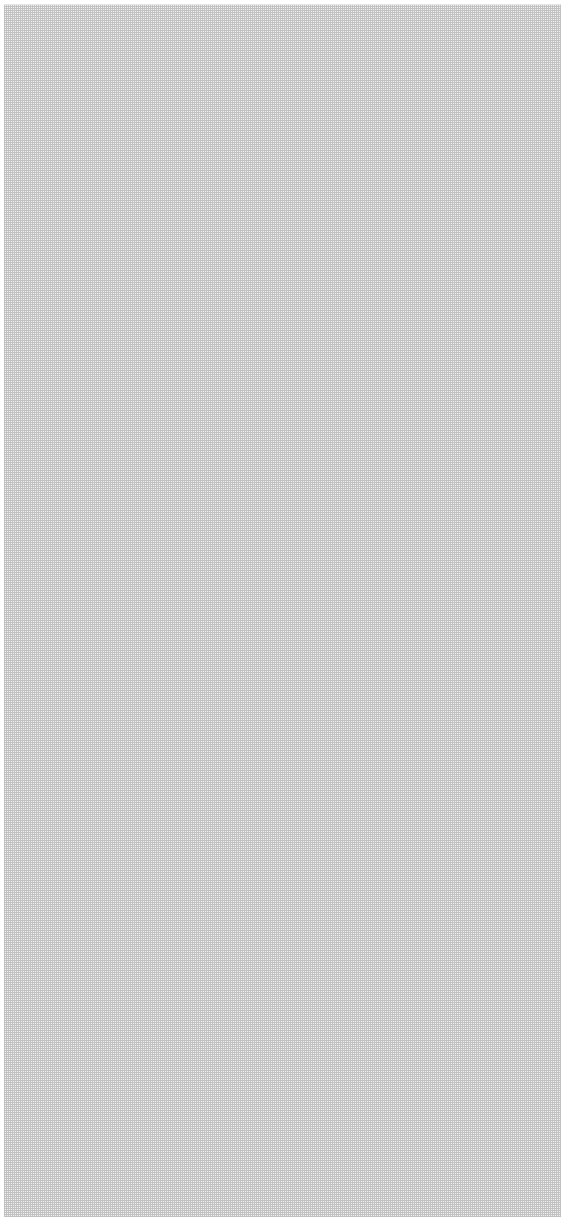


n	Asian			
	Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e

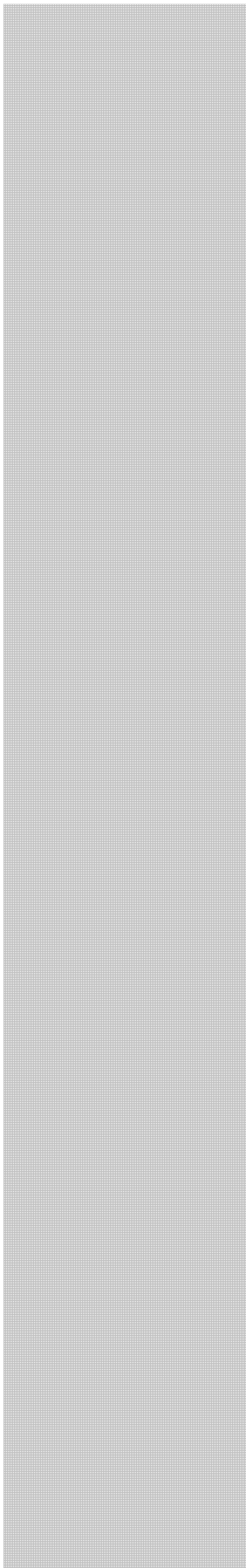


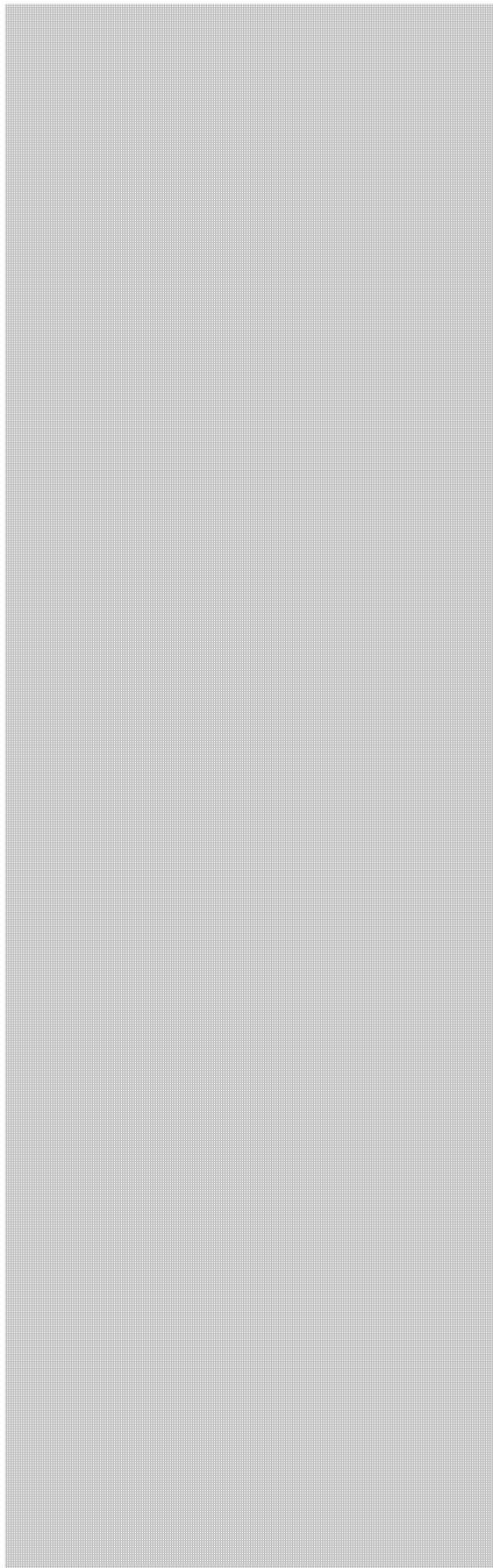
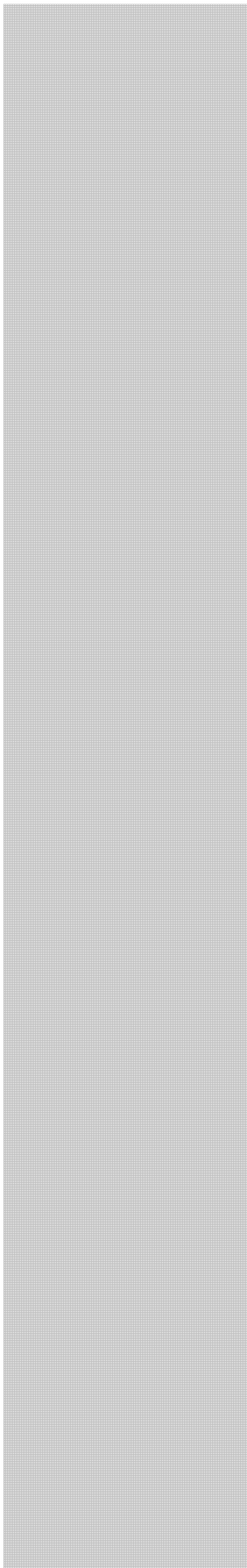


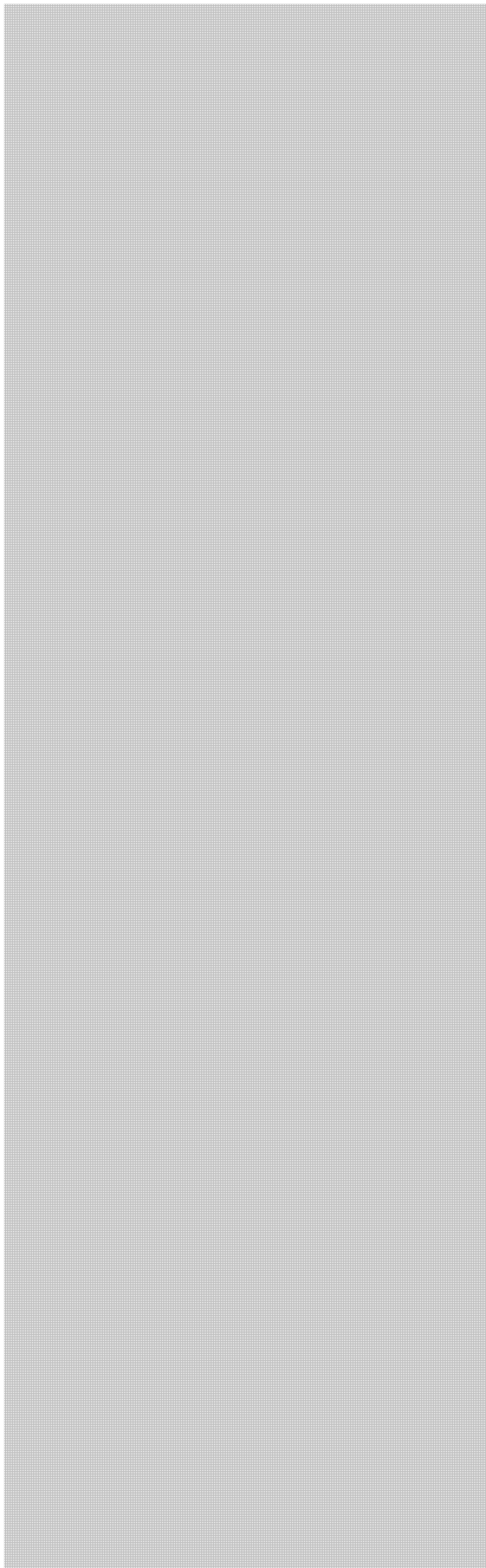
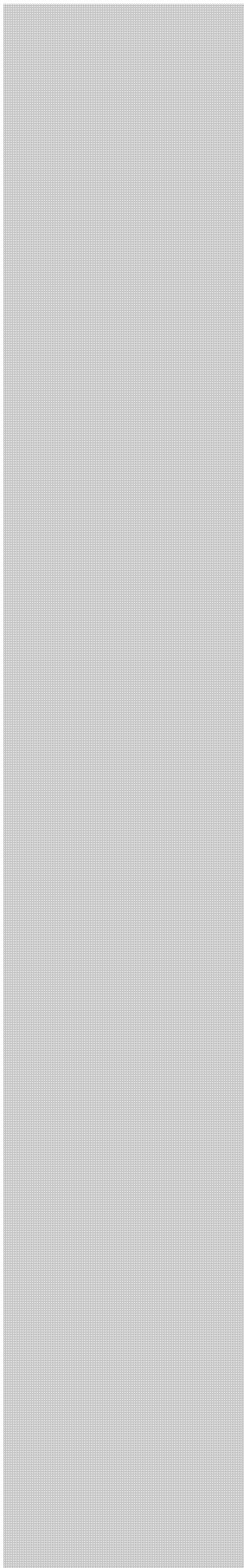


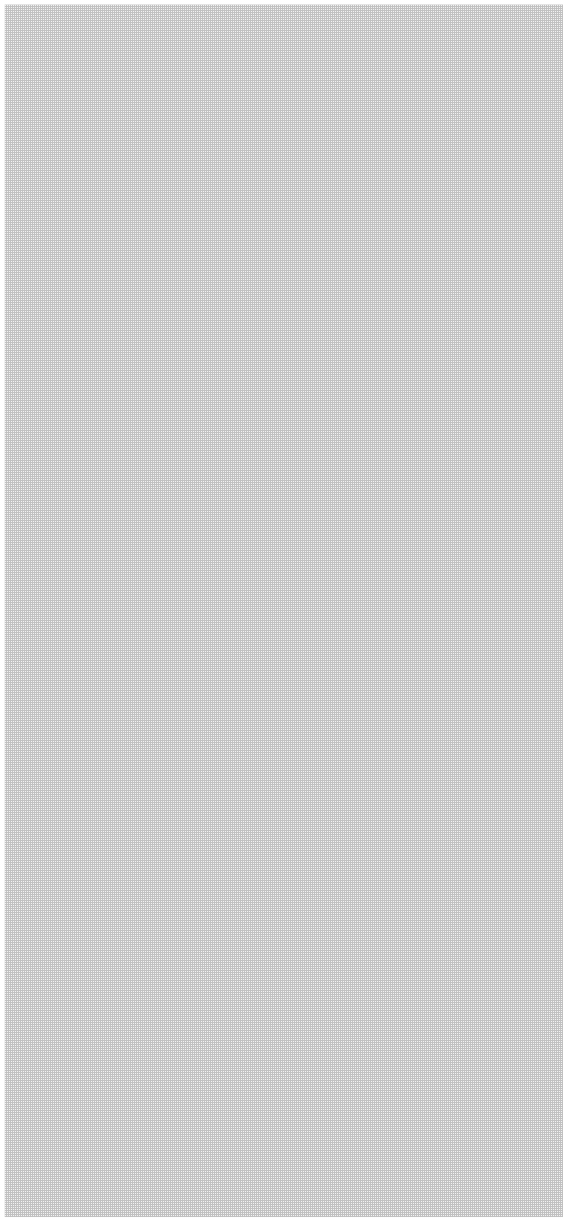
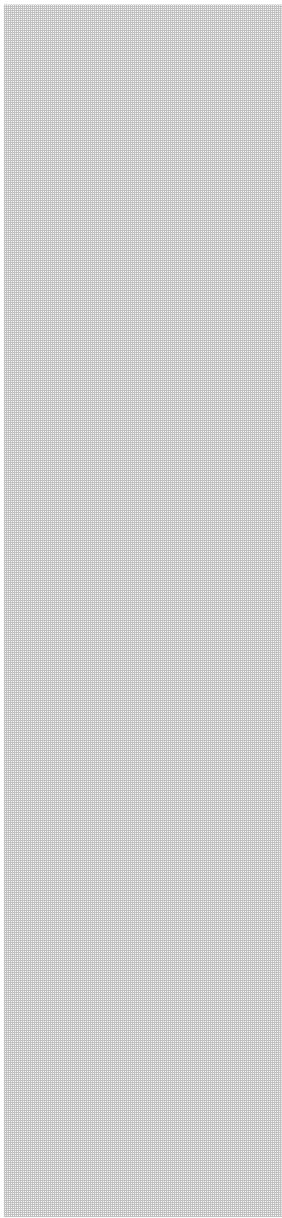


American Indian or Alaskan Native			
Denominator	Numerator ^d	Rate/Percentage ^e	Denominator

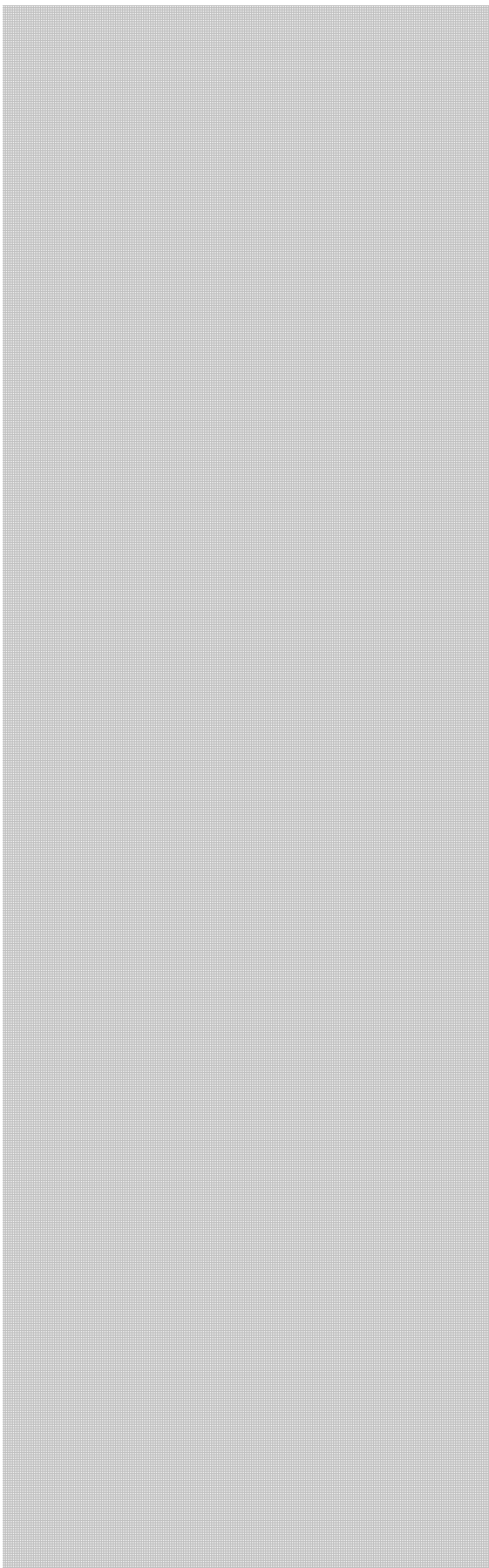






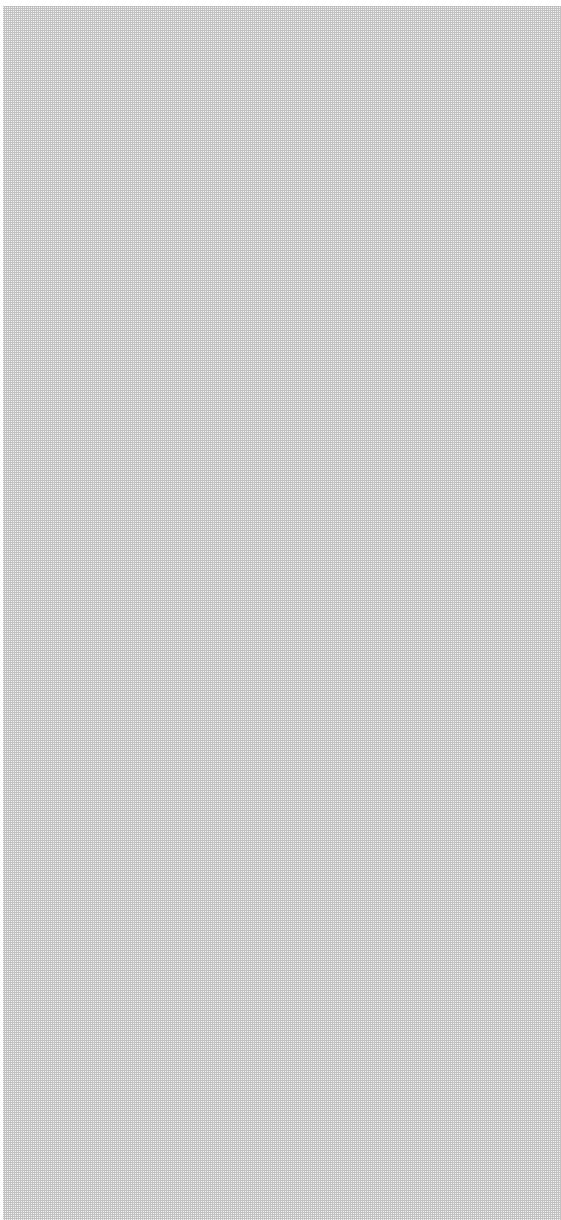


Other race		Unknown race	
Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d

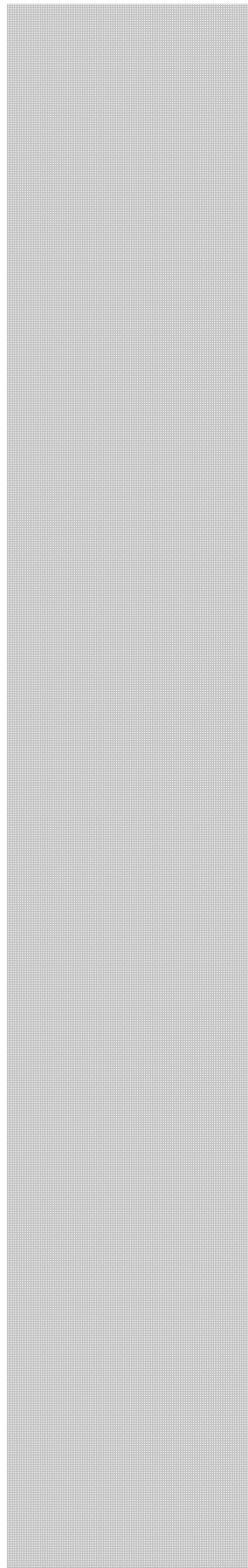
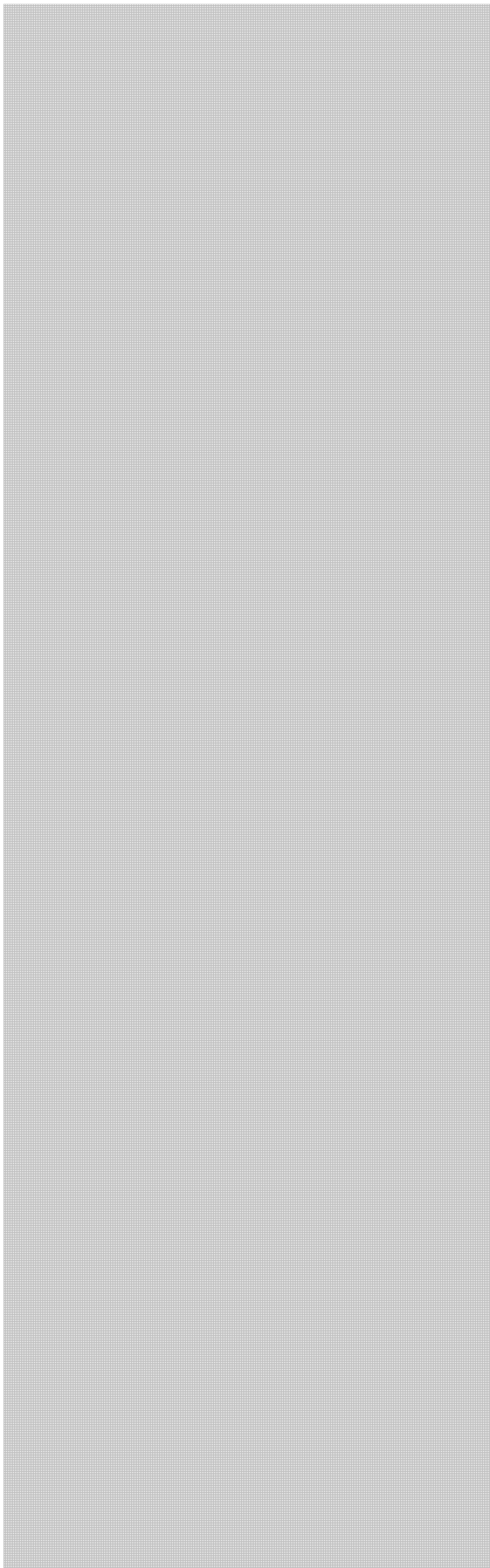


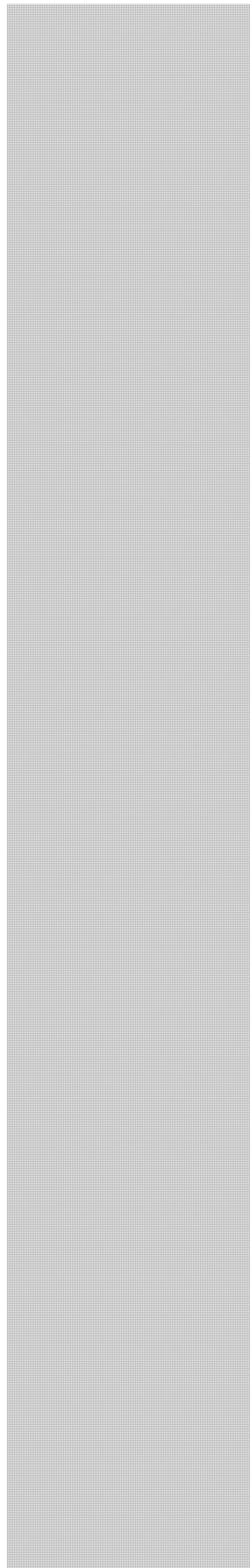
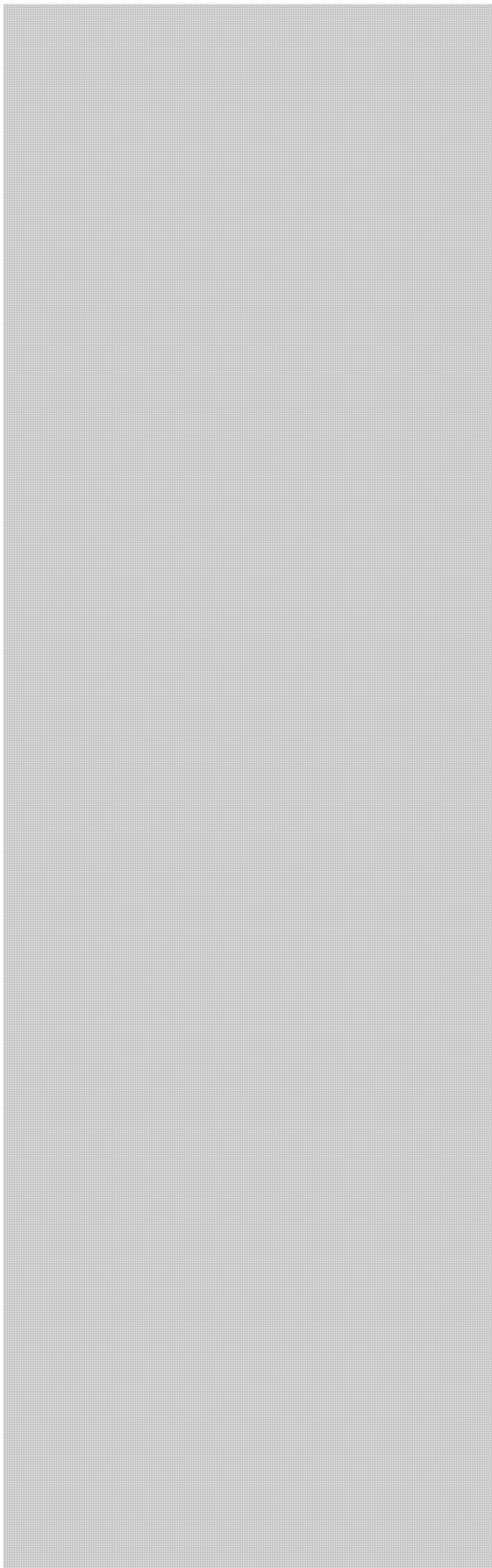


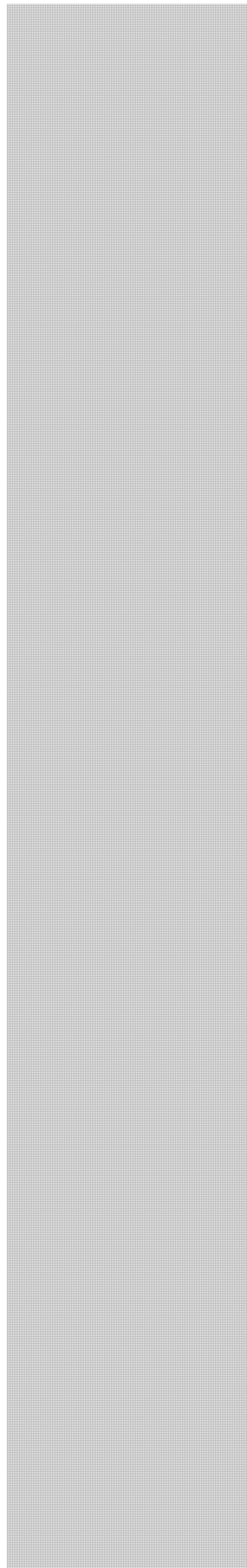
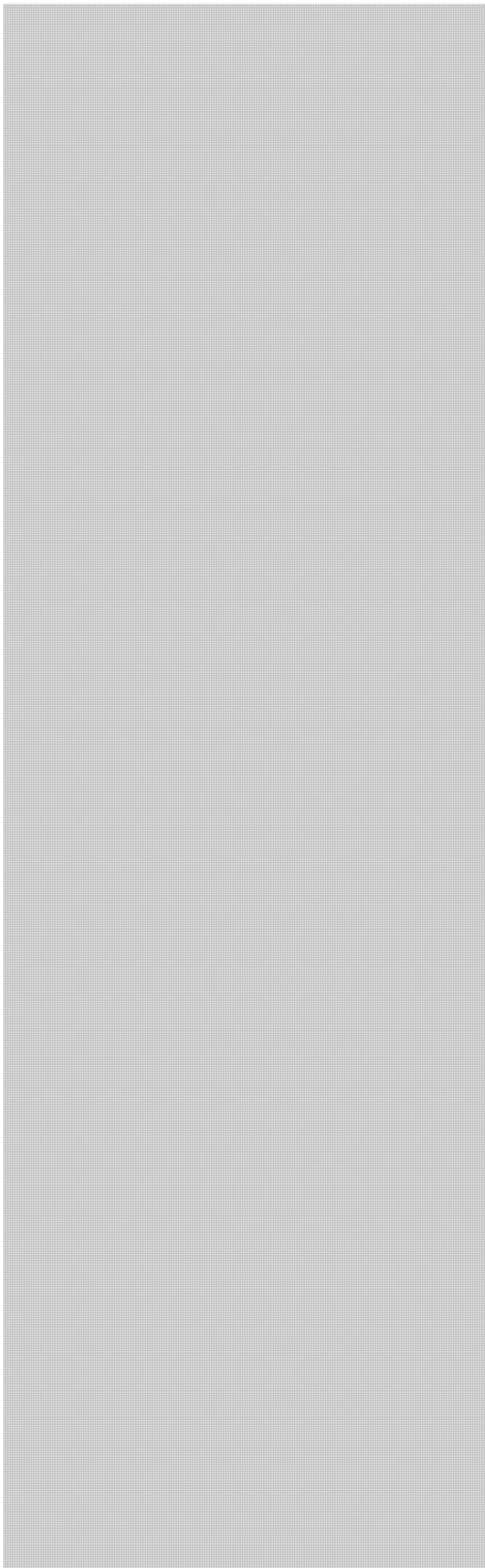


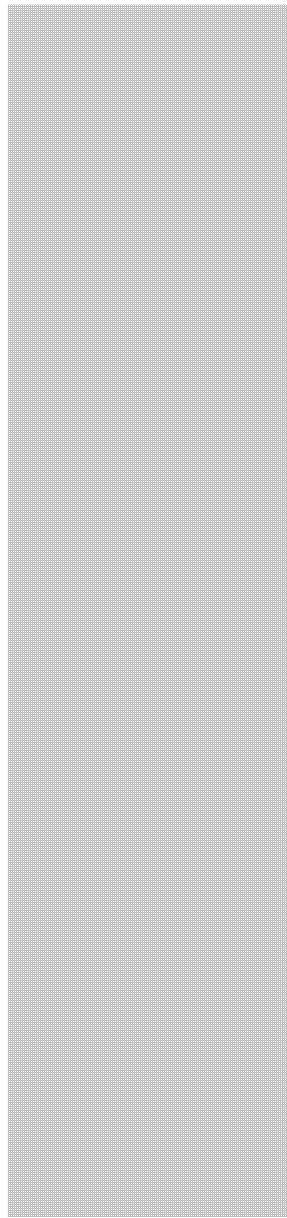
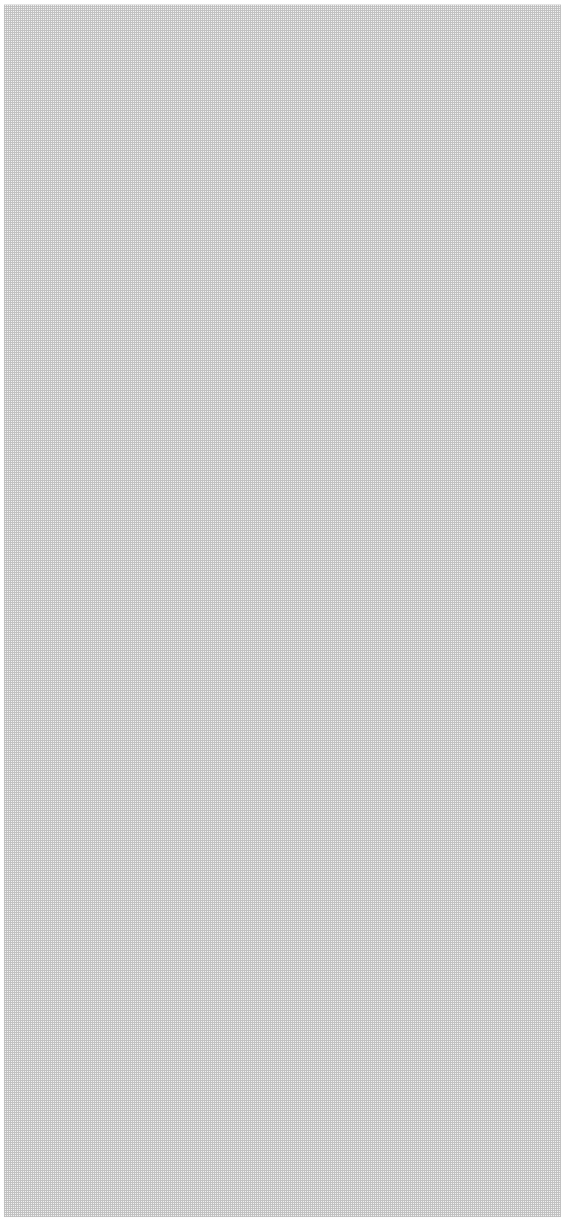


	Hispanic ethnicity		
Rate/Percentage ^e	Denominator	Numerator ^d	Rate/Percentage ^e

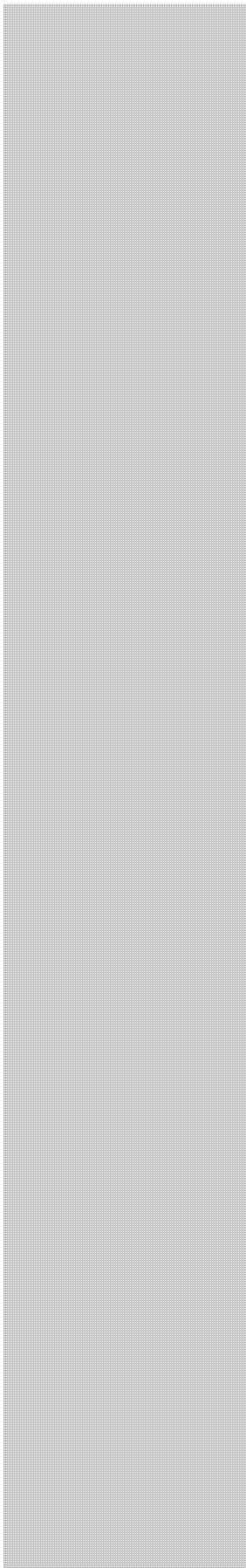


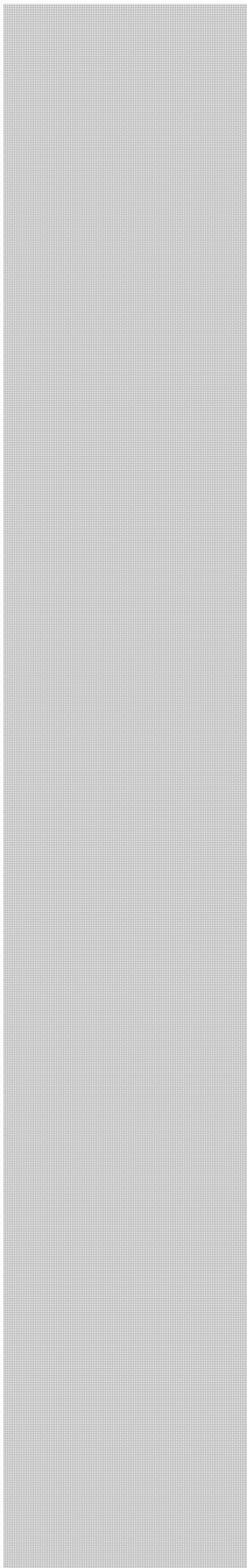


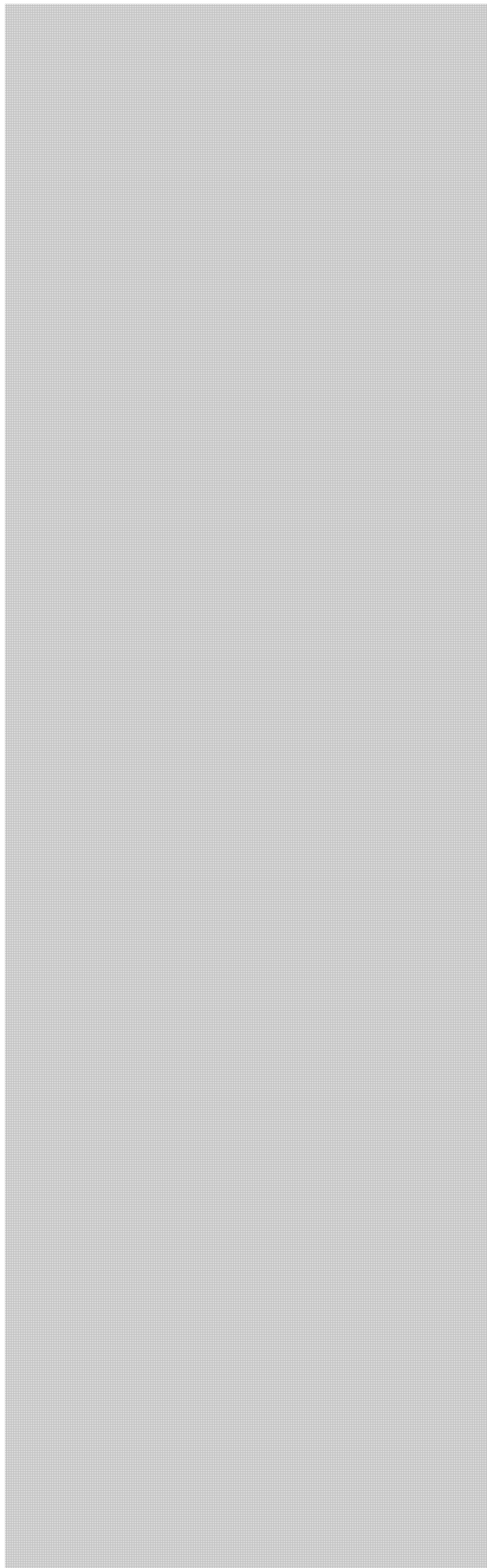
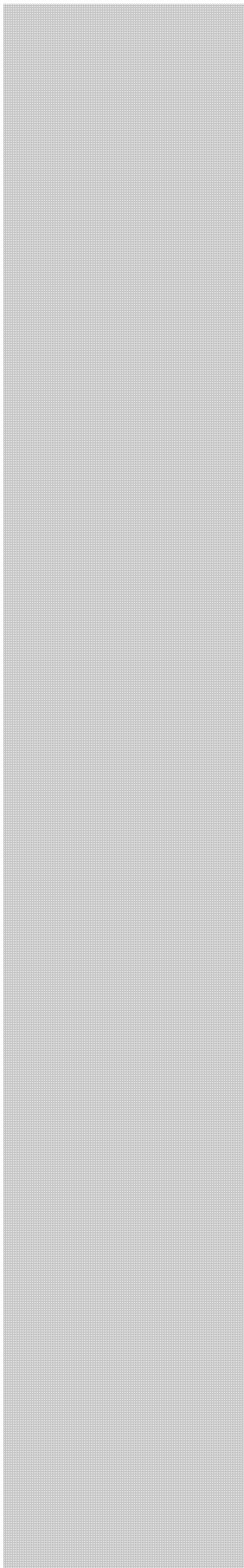


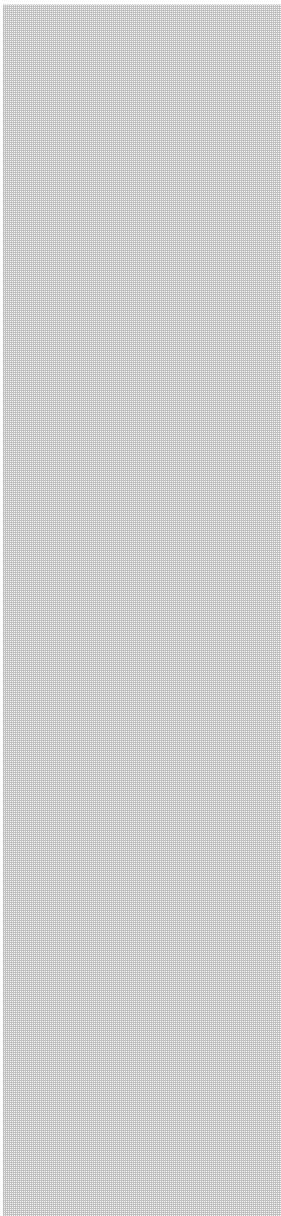


Non-Hispanic ethnicity			
Denominator	Numerator ^d	Rate/Percentage ^e	Denominator

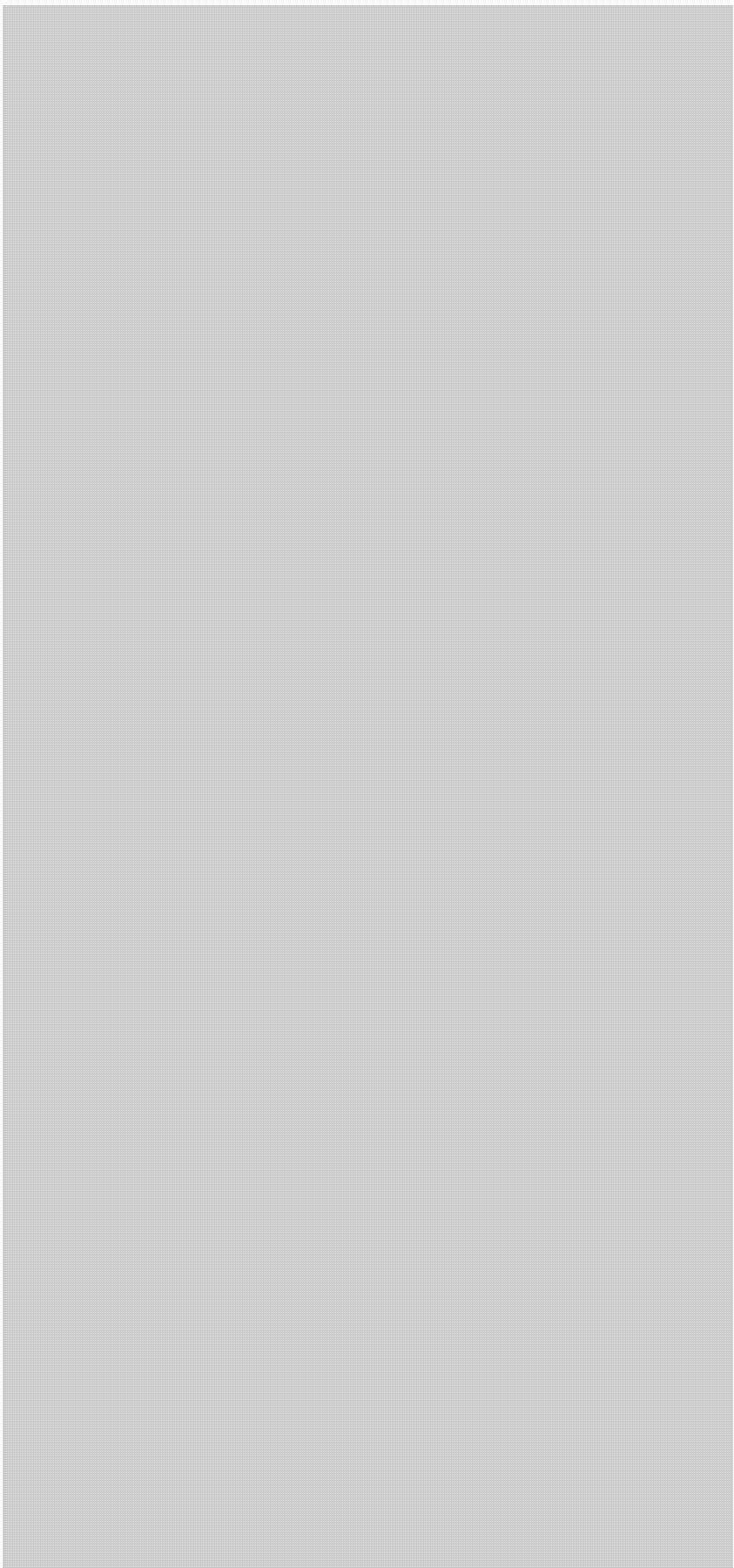


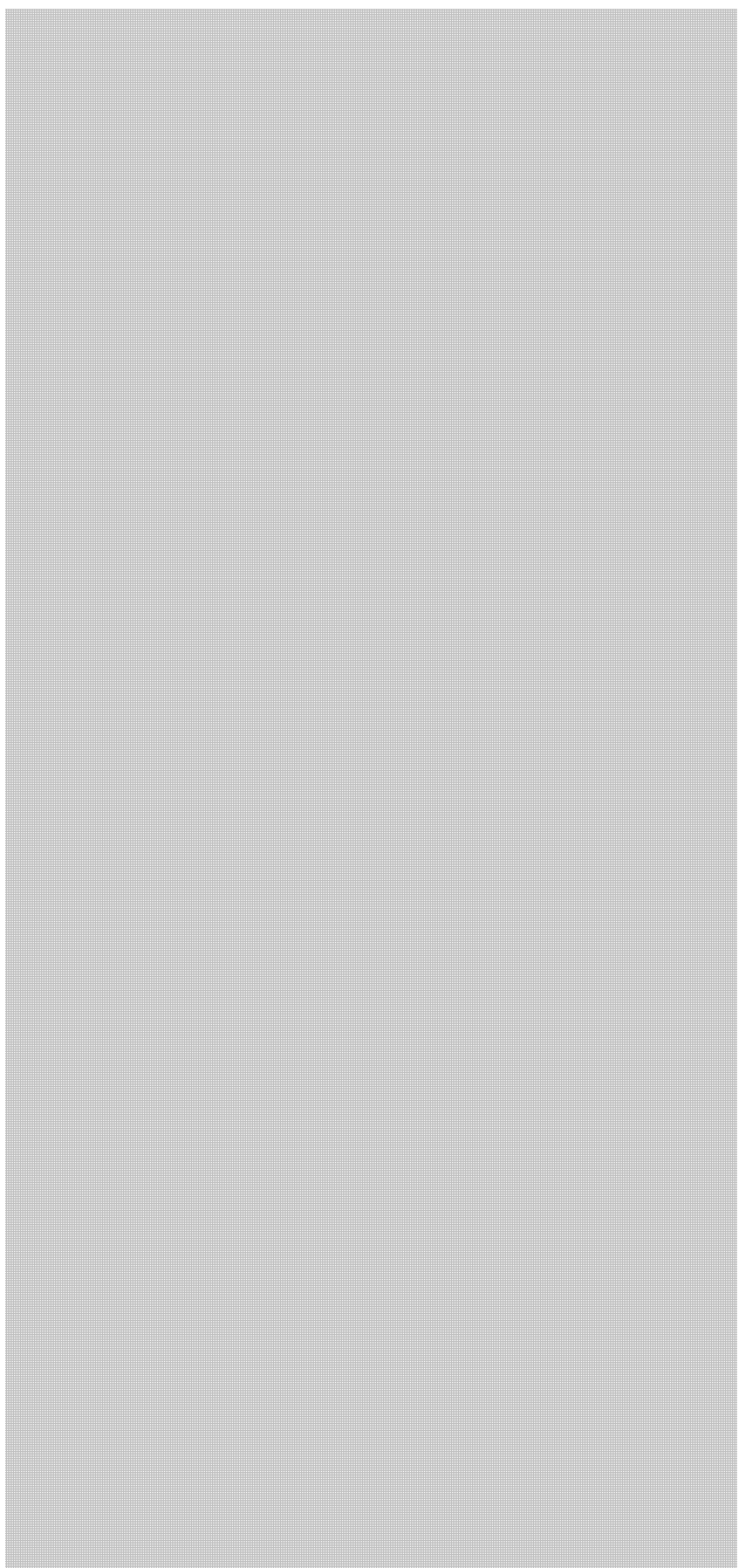




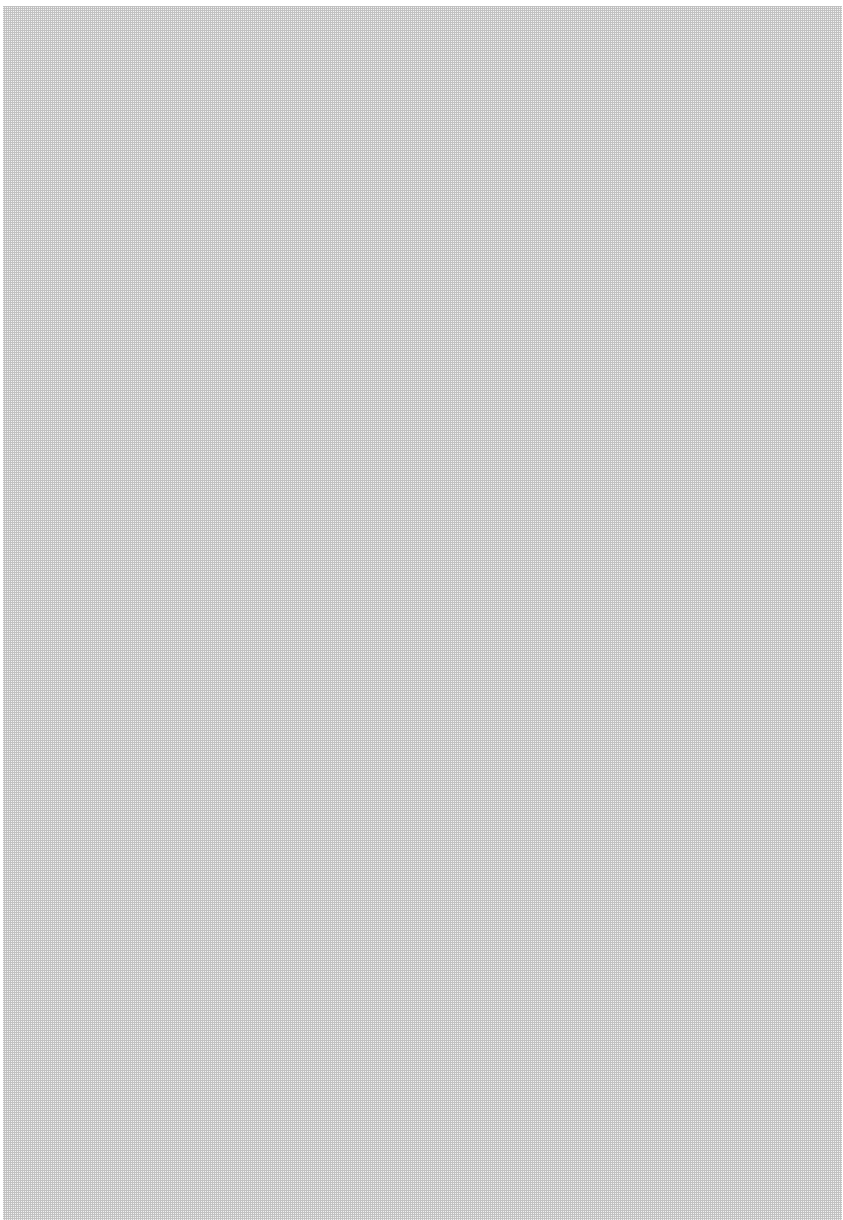


Unknown ethnicity		Exempt groups ^g	
Numerator ^d	Rate/Percentage ^e	Denominator	Numerator ^d

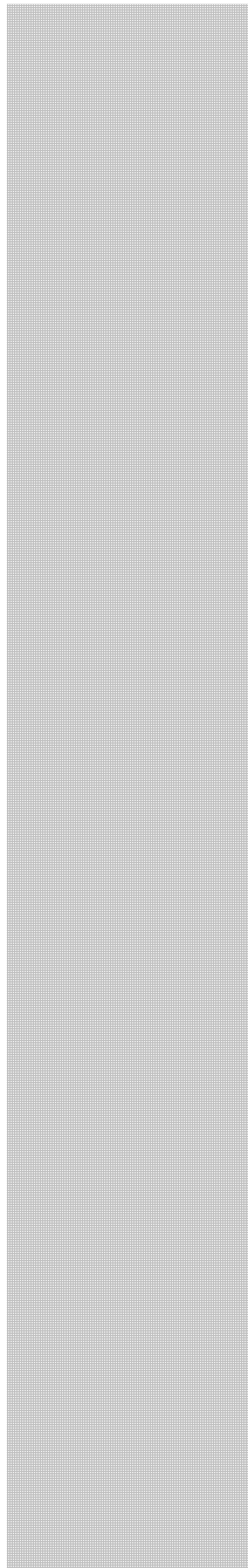
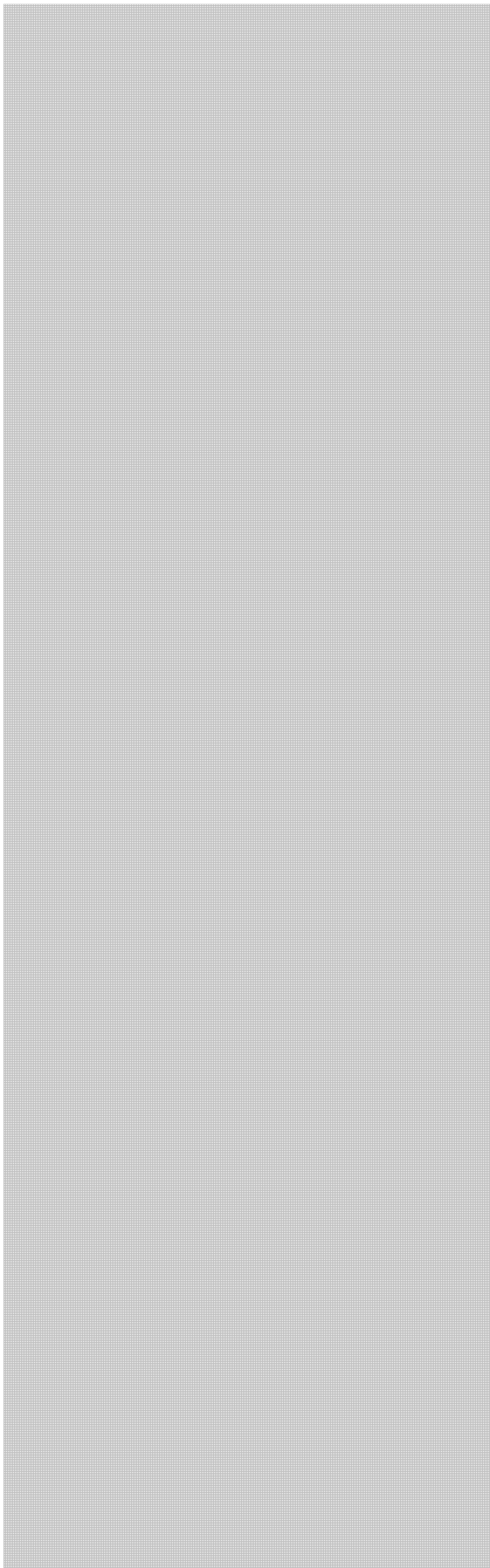


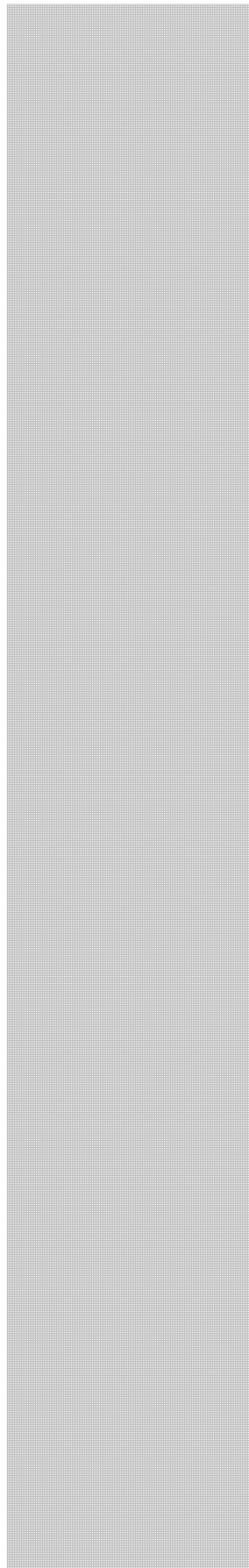
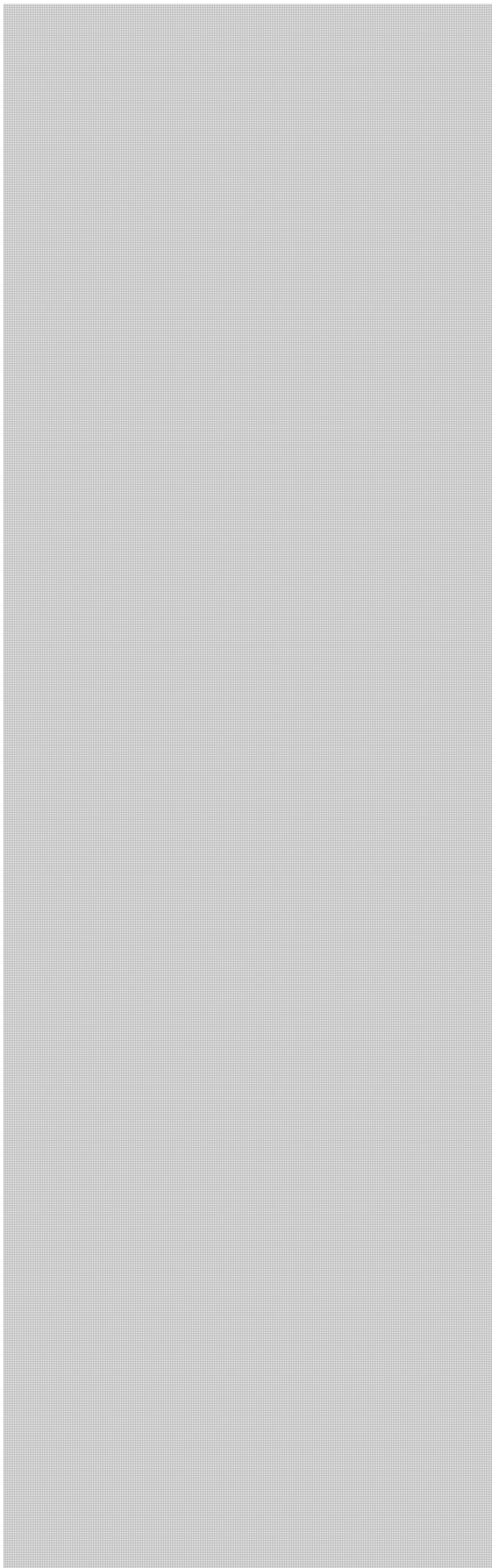


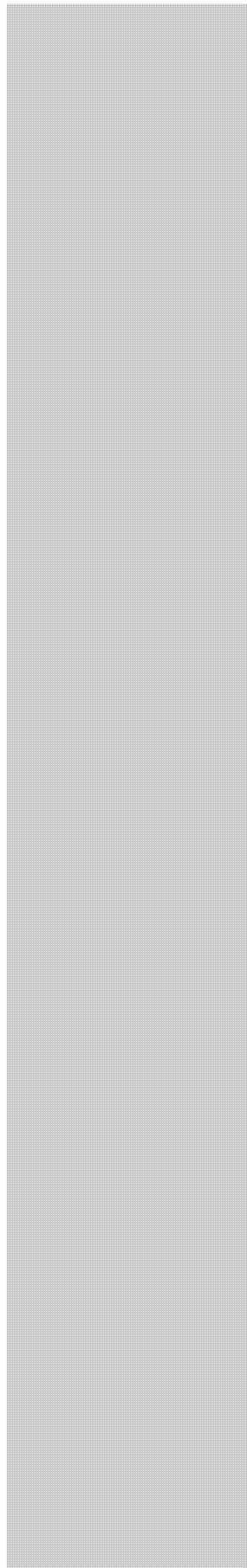
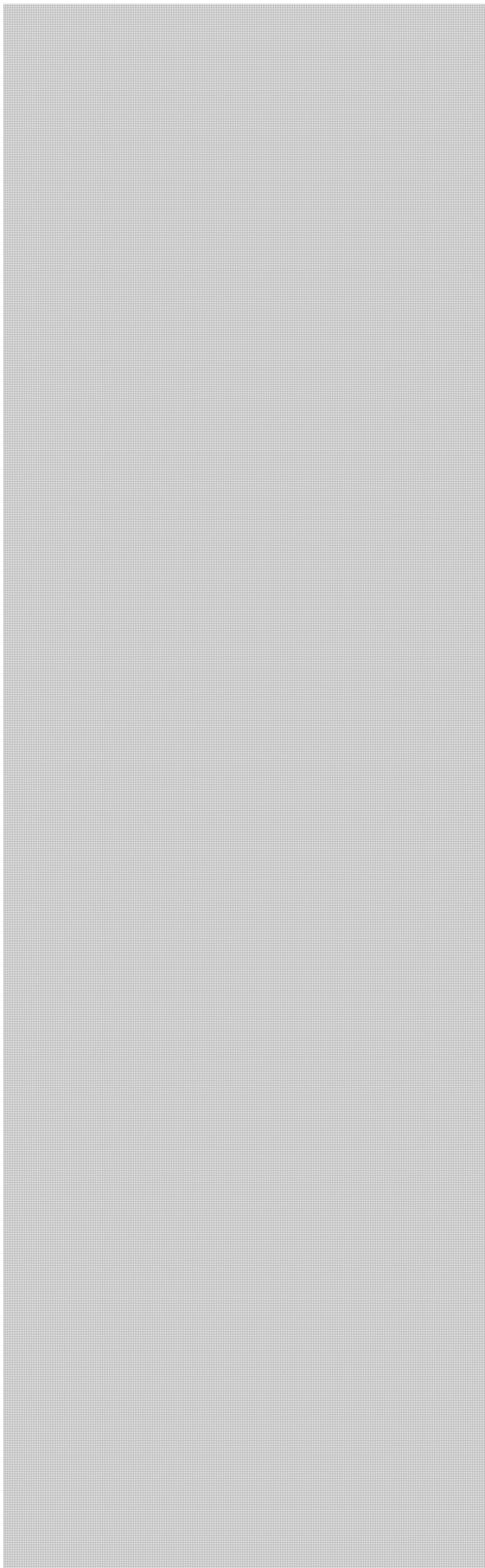


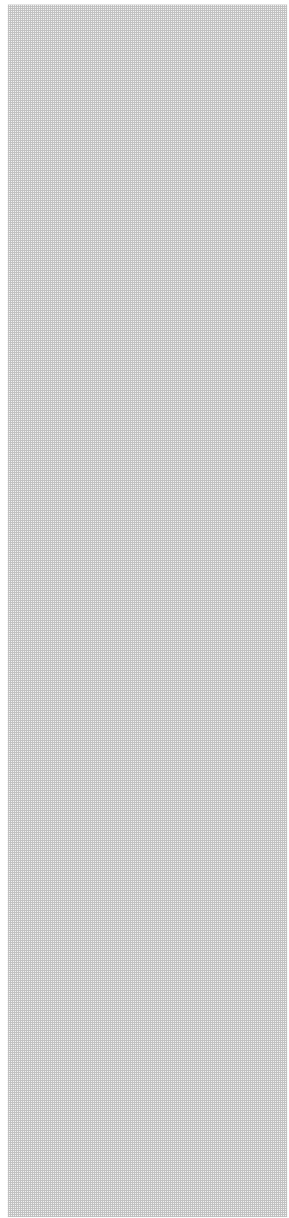
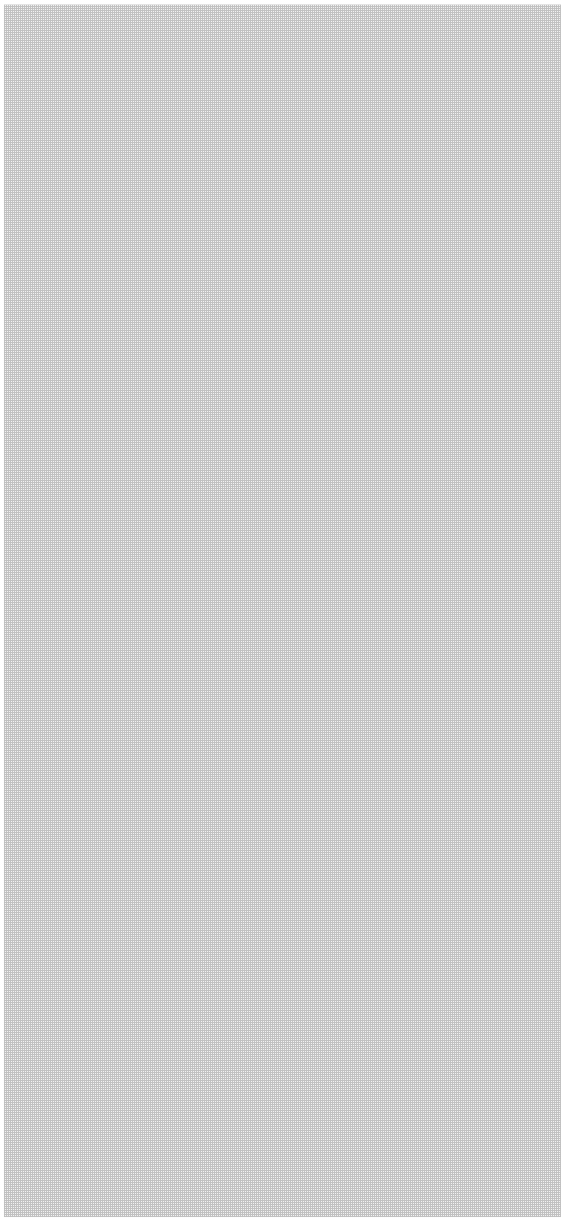


Rate/Percentage ^e	Specific eligibility groups ^h		
	Denominator	Numerator ^d	Rate/Percentage ^e









Medicaid Section 1115 Eligibility and Coverage Demonstration Report - Data and reporting issues (AD)

State Michigan
 Demonstration Name Healthy Michigan Plan
 Demonstration Year (DY) DY 11
 Calendar Dates for DY 01/01/2020 - 12/31/2020
 Reporting Period Q4
 Calendar Dates for Reporting Period 10/01/2020 - 12/31/2020
 Submitted on

3/9/2021

Data Reporting Issues (AD)

Category	Metric(s) impacted
EXAMPLE: Appeals and grievances (Delete row before submitting)	EXAMPLE: AD_23 Grievance, other

Enrollment	AD_7 - AD_10
<input type="checkbox"/> The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitoring	
Mid-year loss of demonstration eligibility	[Add rows as needed]
<input type="checkbox"/> The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitoring	
Enrollment duration at time of disenrollment	[Add rows as needed]
<input type="checkbox"/> The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitoring	
Renewal	AD_15 - AD_21
<input type="checkbox"/> The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitoring	
Cost sharing limit	[Add rows as needed]
<input checked="" type="checkbox"/> The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitoring	
Appeals and grievances	[Add rows as needed]
<input checked="" type="checkbox"/> The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitoring	
Access to care	AD_35
<input type="checkbox"/> The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitoring	
Quality of care and health outcomes	AD_36 - AD_44
<input type="checkbox"/> The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitoring	
Administrative cost	[Add rows as needed]
<input checked="" type="checkbox"/> The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitoring	

Note: States must prominently display the following notice on any display of Measure rates:

The MSC-AD, FUA-AD, FUM-AD, and IET_AD measures (metrics AD_38A, AD_39, and AD_40) are Healthcare Effectiveness Data and Reporting System (HEDIS) measures copyrighted by the National Committee for Quality Assurance ("NCQA"). NCQA makes no representations, warranties, or guarantees regarding the accuracy, completeness, or reliability of the data, and NCQA has no liability to anyone who relies on such measures or specifications.

The measure specification methodology used by CMS is different from NCQA's methodology. NCQA has not validated the calculated measure results, based on the adjusted HEDIS specifications, may be called only "Uncertified, Unaudited".

Certain non-NCQA measures in the CMS 1115 eligibility and coverage demonstration contain HEDIS Value Sets (VS) contained in the VS. Users of the proprietary code sets should obtain all necessary licenses from the owners of the VS. NCQA measures and any coding contained in the VS.

^a The state should also use this column to provide updates on any data or reporting issues described in previous reports.

End of workbook

Summary of issue	Date and report in which issue was first reported
<i>EXAMPLE:</i> <i>Difficulty collecting data for metric AD_23.</i>	<i>EXAMPLE:</i> <i>8/1/18; DY 1 Qtr. 1</i>
<i>Difficulty collecting data</i>	<i>DATE; DY10 Q2</i>
g protocol.	
g protocol.	
g protocol.	
<i>Difficulty collecting data</i>	<i>DATE; DY10 Q2</i>
g protocol.	
g protocol.	
g protocol.	
<i>Difficulty collecting data</i>	<i>DATE; DY10 Q2</i>
g protocol.	
<i>Difficulty collecting data</i>	<i>DATE; DY10 Q2</i>
g protocol.	
g protocol.	

ctiveness Data and Information Set (“HEDIS®”) measures that are owned and
inties, or endorsement about the quality of any organization or physician that uses or
IS.

lated the adjusted measure specifications but has granted CMS permission to adjust.
ted HEDIS rates.”

/S) developed by and included with the permission of the NCQA. Proprietary coding is
hese code sets. NCQA disclaims all liability for use or accuracy of the VS with the non-

reports. When applicable, the state should note when issues are resolved. If an issue was noted as resolved in the pre'

Estimated number of impacted beneficiaries	Known or suspected cause(s) of issue (if applicable)
<i>EXAMPLE:</i> 24	<i>EXAMPLE:</i> Grievances are submitted via hardcopy through the mail to regional field offices. Often the field offices are slow to report the number of grievances they have received to the central office.
Unknown	The state is transitioning to the new waiver reporting format
Unknown	The state is transitioning to the new waiver reporting format
Unknown	The state is transitioning to the new waiver reporting format
Unknown	The state is transitioning to the new waiver reporting format

vious report, it should not be reported in the current report.

Remediation plan and timeline for resolution (if applicable)/Status update if issue previously reported

EXAMPLE:

Central office is working on an electronic grievance filing system. That system will be completed by the end of the calendar year, and we will be able to quickly generate monthly, quarterly and yearly reports regarding grievances.

The state will acquire the needed data and receive training on new data sources

The state will acquire the needed data and receive training on new data sources

The state will acquire the needed data and receive training on new data sources

The state will acquire the needed data and receive training on new data sources

Medicaid Section 1115 Eligibility and Coverage Demonstration Report - Data and reporting issues (CE)

State Michigan
 Demonstration Name Healthy Michigan Plan
 Demonstration Year (DY) DY 11
 Calendar Dates for DY 01/01/2020 - 12/31/2020
 Reporting Period Q4
 Calendar Dates for Reporting Period 10/01/2020 - 12/31/2020
 Submitted on

3/9/2021

Data Reporting Issues (CE)

Reporting Topic	Metric(s) impacted
<i>EXAMPLE: CE.Mod_2: Establish beneficiary supports and modifications</i> <i>(Delete before submitting)</i>	<i>EXAMPLE:</i> <i>CE_32 Beneficiaries exempt from Medicaid community engagement requirements for good cause</i>

CE.Mod_1: Specify community engagement policies	All
<input type="checkbox"/> The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitoring	
CE.Mod_2: Establish beneficiary supports and modifications	All
<input type="checkbox"/> The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitoring	
CE.Mod_4: Operationalize strategies for noncompliance	All
<input type="checkbox"/> The state does not have any data and reporting issues related to this section. All associated metrics are reported as outlined in monitoring	

End of workbook

Summary of issue	Date and report in which issue was first reported
<p><i>EXAMPLE:</i></p> <p><i>Awaiting additional data for metric CE_32 for September 2018.</i></p>	<p><i>EXAMPLE:</i></p> <p><i>8/1/18; DY 1 Qtr. 1</i></p>

Michigan's Community Engagement requirements due not begin until 01/01/2020

g protocol.

Michigan's Community Engagement requirements due not begin until 01/01/2020

g protocol.

Michigan's Community Engagement requirements due not begin until 01/01/2020

g protocol.

Estimated number of impacted beneficiaries	Known or suspected cause(s) of issue (if applicable)
<i>EXAMPLE:</i> 100	<i>EXAMPLE:</i> Good cause exemption requests filed for the September 2018 are still being processed.

Remediation plan and timeline for resolution (if applicable)/Status update if issue previously reported

EXAMPLE:

Good cause exemption processing for September 2018 will be completed in November and at that time we will be able to report this metric accurately. An additional case worker is being assigned to these requests for more timely processing in the future.

Version 1.0.
End of workbook

MI HEALTH ACCOUNT



EXECUTIVE SUMMARY REPORT

JANUARY 2021

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: JANUARY 2021

Maximus contracts with each Healthy Michigan Plan health plan to operate the MI Health Account (MIHA). The MIHA documents health care costs and payments for health plan members eligible for the Healthy Michigan Plan. Any amount the beneficiary owes to the MIHA is reflected in the quarterly statement that is mailed to the beneficiary. The MIHA quarterly statement shows the total amount owed for co-pays and/or contributions.

A co-pay is a fixed amount beneficiaries pay for a health care service. Before a beneficiary is enrolled in managed care, the beneficiary will pay any co-pays directly to their provider at the time of service. Once enrolled in managed care, co-pays for health plan covered services will be paid into the MIHA.

A contribution is the amount of money that is paid toward health care coverage. **Beneficiaries with incomes at or below 100% of the Federal Poverty Level (FPL) will NOT have a contribution.** Beneficiaries above 100% FPL are required to pay contributions that are based on income and family size. The quarterly statement informs beneficiaries what to pay for co-pays and contributions each month for the next three months, includes payment coupons with instructions on how to make a payment, as well as tips on how to reduce costs (Healthy Behavior incentives). The statement lists the services the beneficiary has received, the amount the beneficiary has paid, what amount they still need to pay, and the amount the health plan has paid.

Quarterly Statement Mailing Guidelines

- The first quarterly statement is mailed six months after a beneficiary joins a health plan. After that, quarterly statements are sent every three months.
- A beneficiary follows his or her own enrollment quarter based on their enrollment effective date.
- Quarterly statements are mailed by the 15th calendar day of each month
- Statements are not mailed to beneficiaries if there are no health care services to display or payment due for a particular quarter.

Chart 1 displays the statement mailing activity for the past three months. Calendar year totals are through October 2020 and the program totals are from October 2014 to October 2020.

Chart 1: Account Statement Mailing					
Month Statement Mailed	Statements Mailed	Statements Requiring a Copay Only	Statements Requiring a Contribution Only	Statements Requiring a Copay and Contribution	Percentage of Statements Requiring Payment
Aug-20	106,235	13,842	11,904	9,665	33.33%
Sep-20	109,651	12,969	13,033	9,195	32.10%
Oct-20	119,047	14,294	14,817	9,808	32.69%
Calendar YTD	1,080,021	154,152	104,546	102,755	33.47%
Program Total	7,018,169	1,368,107	629,953	758,260	39.27%

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: JANUARY 2021

Payments for the MIHA are due on the 15th of the month following the month they were billed.

Chart 2 displays a collection history of the number of beneficiaries that have paid co-pays and contributions. Completed quarterly payment cycles are explained and reflected in Chart 3. Calendar year totals are through October 2020 and the program totals are from October 2014 through October 2020. Please note that beneficiaries that pay both co-pays and contributions will show in each chart.

Chart 2: Copays & Contributions Paid					
Copays					
Statement Month	Amount of copays owed	Amount of copays paid	Percentage of copays paid	Number of beneficiaries who owed copays	Number of beneficiaries who paid copays
Aug-20	\$179,878.83	\$51,013.92	28%	23,507	8,147
Sep-20	\$169,538.60	\$54,975.64	32%	22,164	8,482
Oct-20	\$184,854.04	\$62,583.96	34%	24,102	9,740
Calendar YTD	\$2,192,327.36	\$769,202.76	35%	256,907	115,470
Program Total	\$18,669,132.45	\$7,898,066.20	42%	2,126,367	1,107,786
Contributions					
Statement Month	Amount of contributions owed	Amount of contributions paid	Percentage of contributions paid	Number of beneficiaries who owed contributions	Number of beneficiaries who paid contributions
Aug-20	\$1,471,612.20	\$199,792.47	14%	21,569	6,120
Sep-20	\$1,520,978.59	\$209,830.61	14%	22,228	6,393
Oct-20	\$1,684,859.36	\$192,439.18	11%	24,625	6,418
Calendar YTD	\$14,037,061.41	\$2,155,624.09	15%	207,301	68,280
Program Total	\$86,801,900.68	\$23,864,138.60	27%	1,388,213	651,540

HEALTHY MICHIGAN PLAN

MI HEALTH ACCOUNT: JANUARY 2021

Chart 3 displays the total amount collected by completed quarter, by enrollment month. For example, beneficiaries who enrolled in May 2014 received their first quarterly statement in November 2014. These individuals had until February 2015 to pay in full, which constitutes a completed quarter. The Percentage Collected will change even in completed quarters because payments received are applied to the oldest invoice owed.

Chart 3: Quarterly Collection				
Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percentage Collected
'APR-14	Oct 2014 - Dec 2014	\$23,312.87	\$17,819.60	76.44%
'APR-14	Jan 2015 - Mar 2015	\$172,054.24	\$155,626.40	90.45%
'APR-14	Apr 2015 - Jun 2015	\$143,350.57	\$128,764.10	89.82%
'APR-14	Jul 2015 - Sep 2015	\$138,119.46	\$121,562.37	88.01%
'APR-14	Oct 2015 - Dec 2015	\$125,623.40	\$112,387.20	89.46%
'APR-14	Jan 2016 - Mar 2016	\$110,328.62	\$101,960.64	92.42%
'APR-14	Apr 2016 - Jun 2016	\$159,604.96	\$134,056.01	83.99%
'APR-14	Jul 2016 - Sep 2016	\$111,789.78	\$94,643.92	84.66%
'APR-14	Oct 2016 - Dec 2016	\$143,653.66	\$122,968.10	85.60%
'APR-14	Jan 2017 - Mar 2017	\$145,038.73	\$122,471.03	84.44%
'APR-14	Apr 2017 - Jun 2017	\$119,462.40	\$98,472.33	82.43%
'APR-14	Jul 2017 - Sep 2017	\$101,582.30	\$82,884.80	81.59%
'APR-14	Oct 2017 - Dec 2017	\$101,151.92	\$82,907.72	81.96%
'APR-14	Jan 2018 - Mar 2018	\$103,345.46	\$83,266.56	80.57%
'APR-14	Apr 2018 - Jun 2018	\$65,221.52	\$50,064.95	76.76%
'APR-14	Jul 2018 - Sep 2018	\$62,550.63	\$46,159.03	73.79%
'APR-14	Oct 2018 - Dec 2018	\$67,766.92	\$49,426.71	72.94%
'APR-14	Jan 2019 - Mar 2019	\$81,063.85	\$54,225.59	66.89%
'APR-14	Apr 2019 - Jun 2019	\$74,981.55	\$37,585.76	50.13%
'APR-14	Jul 2019 - Sep 2019	\$71,497.92	\$29,634.44	41.45%
'APR-14	Oct 2019 - Dec 2019	\$73,238.41	\$29,862.77	40.77%
'APR-14	Jan 2020 - Mar 2020	\$49,314.82	\$20,742.60	42.06%
'APR-14	Apr 2020 - Jun 2020	\$44,201.65	\$18,318.58	41.44%
'APR-14	Jul 2020 - Sep 2020	\$43,214.58	\$15,805.41	36.57%
'APR-14	Oct 2020 - Dec 2020	\$40,367.91	\$12,636.34	31.30%
'MAY-14	Nov 2014 - Jan 2015	\$31,082.95	\$29,122.68	93.69%
'MAY-14	Feb 2015 - Apr 2015	\$48,807.32	\$45,285.30	92.78%
'MAY-14	May 2015 - Jul 2015	\$38,997.74	\$36,289.45	93.06%
'MAY-14	Aug 2015 - Oct 2015	\$35,651.00	\$33,111.34	92.88%
'MAY-14	Nov 2015 - Jan 2016	\$32,877.96	\$31,260.50	95.08%
'MAY-14	Feb 2016 - Apr 2016	\$30,096.21	\$28,827.45	95.78%
'MAY-14	May 2016 - Jul 2016	\$37,931.20	\$33,549.87	88.45%
'MAY-14	Aug 2016 - Oct 2016	\$32,978.11	\$29,883.80	90.62%
'MAY-14	Nov 2016 - Jan 2017	\$37,909.94	\$34,691.87	91.51%
'MAY-14	Feb 2017 - Apr 2017	\$33,932.09	\$30,800.86	90.77%
'MAY-14	May 2017 - Jul 2017	\$28,977.16	\$25,922.91	89.46%
'MAY-14	Aug 2017 - Oct 2017	\$28,725.29	\$25,245.34	87.89%
'MAY-14	Nov 2017 - Jan 2018	\$27,183.76	\$24,032.41	88.41%
'MAY-14	Feb 2018 - Apr 2018	\$27,459.21	\$23,970.31	87.29%
'MAY-14	May 2018 - Jul 2018	\$17,570.76	\$14,563.60	82.89%
'MAY-14	Aug 2018 - Oct 2018	\$15,583.57	\$12,852.63	82.48%
'MAY-14	Nov 2018 - Jan 2019	\$17,790.94	\$14,320.69	80.49%
'MAY-14	Feb 2019 - Apr 2019	\$17,637.78	\$13,558.64	76.87%
'MAY-14	May 2019 - Jul 2019	\$15,166.31	\$7,824.67	51.59%

HEALTHY MICHIGAN PLAN

MI HEALTH ACCOUNT: JANUARY 2021

Chart 3: Quarterly Collection

Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percentage Collected
'MAY-14	Aug 2019 - Oct 2019	\$16,287.28	\$8,080.93	49.61%
'MAY-14	Nov 2019 - Jan 2020	\$15,357.71	\$7,970.61	51.90%
'MAY-14	Feb 2020 - Apr 2020	\$11,951.68	\$5,643.53	47.22%
'MAY-14	May 2020 - Jul 2020	\$10,663.83	\$4,589.71	43.04%
'MAY-14	Aug 2020 - Oct 2020	\$10,565.83	\$4,498.20	42.57%
'MAY-14	Nov 2020 - Jan 2021	\$10,328.06	\$3,343.40	32.37%
'JUN-14	Dec 2014 - Feb 2015	\$396,671.20	\$377,350.73	95.13%
'JUN-14	Mar 2015 - May 2015	\$302,783.56	\$285,678.91	94.35%
'JUN-14	Jun 2015 - Aug 2015	\$301,460.99	\$282,502.17	93.71%
'JUN-14	Sep 2015 - Nov 2015	\$279,510.34	\$261,453.13	93.54%
'JUN-14	Dec 2015 - Feb 2016	\$192,592.04	\$183,794.58	95.43%
'JUN-14	Mar 2016 - May 2016	\$229,452.00	\$207,968.02	90.64%
'JUN-14	Jun 2016 - Aug 2016	\$183,108.58	\$167,902.68	91.70%
'JUN-14	Sep 2016 - Nov 2016	\$265,230.24	\$245,867.04	92.70%
'JUN-14	Dec 2016 - Feb 2017	\$242,917.57	\$223,227.93	91.89%
'JUN-14	Mar 2017 - May 2017	\$212,391.28	\$192,436.17	90.60%
'JUN-14	Jun 2017 - Aug 2017	\$188,680.16	\$169,530.90	89.85%
'JUN-14	Sep 2017 - Nov 2017	\$186,294.51	\$165,821.30	89.01%
'JUN-14	Dec 2017 - Feb 2018	\$165,768.97	\$148,806.43	89.77%
'JUN-14	Mar 2018 - May 2018	\$160,954.78	\$139,848.26	86.89%
'JUN-14	Jun 2018 - Aug 2018	\$125,389.99	\$102,967.39	82.12%
'JUN-14	Sep 2018 - Nov 2018	\$125,608.18	\$101,567.59	80.86%
'JUN-14	Dec 2018 - Feb 2019	\$119,188.60	\$92,938.58	77.98%
'JUN-14	Mar 2019 - May 2019	\$106,141.10	\$74,329.42	70.03%
'JUN-14	Jun 2019 - Aug 2019	\$90,177.85	\$52,282.51	57.98%
'JUN-14	Sep 2019 - Nov 2019	\$94,146.99	\$52,917.57	56.21%
'JUN-14	Dec 2019 - Feb 2020	\$77,711.50	\$43,583.40	56.08%
'JUN-14	Mar 2020 - May 2020	\$60,432.47	\$32,559.97	53.88%
'JUN-14	Jun 2020 - Aug 2020	\$61,807.29	\$31,892.27	51.60%
'JUN-14	Sep 2020 - Nov 2020	\$59,717.38	\$26,904.40	45.05%
'JUL-14	Jan 2015 - Mar 2015	\$285,230.06	\$271,381.16	95.14%
'JUL-14	Apr 2015 - Jun 2015	\$209,534.50	\$198,022.61	94.51%
'JUL-14	Jul 2015 - Sep 2015	\$199,974.02	\$186,486.29	93.26%
'JUL-14	Oct 2015 - Dec 2015	\$178,593.13	\$168,463.78	94.33%
'JUL-14	Jan 2016 - Mar 2016	\$153,655.79	\$147,448.03	95.96%
'JUL-14	Apr 2016 - Jun 2016	\$172,867.99	\$156,296.60	90.41%
'JUL-14	Jul 2016 - Sep 2016	\$127,322.12	\$116,324.84	91.36%
'JUL-14	Oct 2016 - Dec 2016	\$154,133.91	\$141,039.28	91.50%
'JUL-14	Jan 2017 - Mar 2017	\$149,827.85	\$134,781.13	89.96%
'JUL-14	Apr 2017 - Jun 2017	\$122,368.70	\$108,973.79	89.05%
'JUL-14	Jul 2017 - Sep 2017	\$108,313.36	\$95,470.82	88.14%
'JUL-14	Oct 2017 - Dec 2017	\$105,614.53	\$91,351.37	86.50%
'JUL-14	Jan 2018 - Mar 2018	\$103,157.13	\$87,935.43	85.24%
'JUL-14	Apr 2018 - Jun 2018	\$64,037.50	\$51,781.33	80.86%
'JUL-14	Jul 2018 - Sep 2018	\$58,777.45	\$45,736.44	77.81%
'JUL-14	Oct 2018 - Dec 2018	\$60,517.29	\$46,144.41	76.25%
'JUL-14	Jan 2019 - Mar 2019	\$66,508.68	\$47,358.59	71.21%
'JUL-14	Apr 2019 - Jun 2019	\$59,000.13	\$32,344.44	54.82%
'JUL-14	Jul 2019 - Sep 2019	\$55,567.93	\$26,386.60	47.49%
'JUL-14	Oct 2019 - Dec 2019	\$56,059.46	\$25,720.18	45.88%
'JUL-14	Jan 2020 - Mar 2020	\$39,477.20	\$18,020.25	45.65%

HEALTHY MICHIGAN PLAN

MI HEALTH ACCOUNT: JANUARY 2021

Chart 3: Quarterly Collection

Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percentage Collected
'JUL-14	Apr 2020 - Jun 2020	\$34,692.33	\$14,741.74	42.49%
'JUL-14	Jul 2020 - Sep 2020	\$36,246.20	\$15,172.55	41.86%
'JUL-14	Oct 2020 - Dec 2020	\$33,641.63	\$11,697.37	34.77%
'AUG-14	Feb 2015 - Apr 2015	\$144,986.58	\$136,412.67	94.09%
'AUG-14	May 2015 - Jul 2015	\$100,799.33	\$93,125.98	92.39%
'AUG-14	Aug 2015 - Oct 2015	\$95,227.74	\$88,988.18	93.45%
'AUG-14	Nov 2015 - Jan 2016	\$85,896.68	\$82,067.09	95.54%
'AUG-14	Feb 2016 - Apr 2016	\$78,673.99	\$75,361.20	95.79%
'AUG-14	May 2016 - Jul 2016	\$86,252.87	\$76,543.31	88.74%
'AUG-14	Aug 2016 - Oct 2016	\$70,128.40	\$63,722.14	90.86%
'AUG-14	Nov 2016 - Jan 2017	\$84,170.47	\$77,422.65	91.98%
'AUG-14	Feb 2017 - Apr 2017	\$80,656.67	\$74,041.93	91.80%
'AUG-14	May 2017 - Jul 2017	\$61,507.58	\$54,587.50	88.75%
'AUG-14	Aug 2017 - Oct 2017	\$57,887.17	\$50,813.60	87.78%
'AUG-14	Nov 2017 - Jan 2018	\$55,368.85	\$49,056.58	88.60%
'AUG-14	Feb 2018 - Apr 2018	\$53,771.87	\$46,322.59	86.15%
'AUG-14	May 2018 - Jul 2018	\$39,074.73	\$31,007.88	79.36%
'AUG-14	Aug 2018 - Oct 2018	\$34,276.92	\$26,867.30	78.38%
'AUG-14	Nov 2018 - Jan 2019	\$38,242.49	\$28,748.00	75.17%
'AUG-14	Feb 2019 - Apr 2019	\$36,830.41	\$26,287.03	71.37%
'AUG-14	May 2019 - Jul 2019	\$30,006.25	\$15,861.47	52.86%
'AUG-14	Aug 2019 - Oct 2019	\$29,195.54	\$14,394.69	49.30%
'AUG-14	Nov 2019 - Jan 2020	\$27,819.13	\$13,439.42	48.31%
'AUG-14	Feb 2020 - Apr 2020	\$20,088.73	\$9,822.29	48.89%
'AUG-14	May 2020 - Jul 2020	\$18,914.91	\$8,555.33	45.23%
'AUG-14	Aug 2020 - Oct 2020	\$20,012.84	\$8,063.35	40.29%
'AUG-14	Nov 2020 - Jan 2021	\$19,950.18	\$6,699.31	33.58%
'SEP-14	Mar 2015 - May 2015	\$172,824.49	\$161,312.18	93.34%
'SEP-14	Jun 2015 - Aug 2015	\$121,968.15	\$113,248.45	92.85%
'SEP-14	Sep 2015 - Nov 2015	\$125,182.95	\$116,501.81	93.07%
'SEP-14	Dec 2015 - Feb 2016	\$96,672.25	\$93,008.62	96.21%
'SEP-14	Mar 2016 - May 2016	\$110,340.97	\$99,938.87	90.57%
'SEP-14	Jun 2016 - Aug 2016	\$69,990.82	\$63,477.37	90.69%
'SEP-14	Sep 2016 - Nov 2016	\$91,544.75	\$84,346.91	92.14%
'SEP-14	Dec 2016 - Feb 2017	\$91,398.95	\$84,009.97	91.92%
'SEP-14	Mar 2017 - May 2017	\$83,683.95	\$75,084.18	89.72%
'SEP-14	Jun 2017 - Aug 2017	\$66,469.63	\$59,362.81	89.31%
'SEP-14	Sep 2017 - Nov 2017	\$63,076.03	\$56,017.09	88.81%
'SEP-14	Dec 2017 - Feb 2018	\$61,049.33	\$54,434.96	89.17%
'SEP-14	Mar 2018 - May 2018	\$55,235.86	\$46,955.40	85.01%
'SEP-14	Jun 2018 - Aug 2018	\$43,099.57	\$33,695.90	78.18%
'SEP-14	Sep 2018 - Nov 2018	\$42,146.71	\$32,219.73	76.45%
'SEP-14	Dec 2018 - Feb 2019	\$41,655.77	\$30,936.26	74.27%
'SEP-14	Mar 2019 - May 2019	\$38,150.66	\$24,270.19	63.62%
'SEP-14	Jun 2019 - Aug 2019	\$30,347.28	\$13,812.19	45.51%
'SEP-14	Sep 2019 - Nov 2019	\$31,038.30	\$13,508.23	43.52%
'SEP-14	Dec 2019 - Feb 2020	\$25,867.74	\$11,526.19	44.56%
'SEP-14	Mar 2020 - May 2020	\$20,849.78	\$9,151.68	43.89%
'SEP-14	Jun 2020 - Aug 2020	\$20,472.59	\$9,201.47	44.95%
'SEP-14	Sep 2020 - Nov 2020	\$20,635.44	\$7,873.78	38.16%
'OCT-14	Apr 2015 - Jun 2015	\$141,472.80	\$132,269.85	93.49%

HEALTHY MICHIGAN PLAN

MI HEALTH ACCOUNT: JANUARY 2021

Chart 3: Quarterly Collection

Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percentage Collected
'OCT-14	Jul 2015 - Sep 2015	\$105,908.46	\$98,518.04	93.02%
'OCT-14	Oct 2015 - Dec 2015	\$104,676.73	\$97,703.65	93.34%
'OCT-14	Jan 2016 - Mar 2016	\$96,203.31	\$91,692.23	95.31%
'OCT-14	Apr 2016 - Jun 2016	\$110,413.70	\$99,456.32	90.08%
'OCT-14	Jul 2016 - Sep 2016	\$75,520.80	\$68,428.09	90.61%
'OCT-14	Oct 2016 - Dec 2016	\$94,250.88	\$86,789.21	92.08%
'OCT-14	Jan 2017 - Mar 2017	\$92,518.71	\$84,783.70	91.64%
'OCT-14	Apr 2017 - Jun 2017	\$73,388.57	\$65,765.17	89.61%
'OCT-14	Jul 2017 - Sep 2017	\$62,326.84	\$55,439.69	88.95%
'OCT-14	Oct 2017 - Dec 2017	\$59,987.80	\$53,211.08	88.70%
'OCT-14	Jan 2018 - Mar 2018	\$59,518.26	\$51,457.48	86.46%
'OCT-14	Apr 2018 - Jun 2018	\$38,869.56	\$32,170.27	82.76%
'OCT-14	Jul 2018 - Sep 2018	\$34,647.20	\$28,223.42	81.46%
'OCT-14	Oct 2018 - Dec 2018	\$36,936.85	\$28,983.15	78.47%
'OCT-14	Jan 2019 - Mar 2019	\$37,942.55	\$28,375.79	74.79%
'OCT-14	Apr 2019 - Jun 2019	\$33,238.62	\$19,423.77	58.44%
'OCT-14	Jul 2019 - Sep 2019	\$32,117.61	\$15,260.62	47.51%
'OCT-14	Oct 2019 - Dec 2019	\$31,995.80	\$15,296.11	47.81%
'OCT-14	Jan 2020 - Mar 2020	\$22,505.95	\$10,328.03	45.89%
'OCT-14	Apr 2020 - Jun 2020	\$20,520.52	\$9,103.87	44.36%
'OCT-14	Jul 2020 - Sep 2020	\$20,498.73	\$7,964.47	38.85%
'OCT-14	Oct 2020 - Dec 2020	\$19,439.35	\$6,439.64	33.13%
'NOV-14	May 2015 - Jul 2015	\$158,676.68	\$148,168.92	93.38%
'NOV-14	Aug 2015 - Oct 2015	\$104,263.13	\$97,027.48	93.06%
'NOV-14	Nov 2015 - Jan 2016	\$110,599.95	\$105,607.85	95.49%
'NOV-14	Feb 2016 - Apr 2016	\$106,596.09	\$102,307.40	95.98%
'NOV-14	May 2016 - Jul 2016	\$119,389.04	\$105,587.85	88.44%
'NOV-14	Aug 2016 - Oct 2016	\$87,523.39	\$79,008.97	90.27%
'NOV-14	Nov 2016 - Jan 2017	\$109,416.92	\$100,436.95	91.79%
'NOV-14	Feb 2017 - Apr 2017	\$106,876.32	\$96,769.63	90.54%
'NOV-14	May 2017 - Jul 2017	\$82,763.57	\$73,208.23	88.45%
'NOV-14	Aug 2017 - Oct 2017	\$68,841.66	\$60,906.80	88.47%
'NOV-14	Nov 2017 - Jan 2018	\$67,068.69	\$59,750.92	89.09%
'NOV-14	Feb 2018 - Apr 2018	\$66,256.29	\$57,960.73	87.48%
'NOV-14	May 2018 - Jul 2018	\$44,416.56	\$35,341.15	79.57%
'NOV-14	Aug 2018 - Oct 2018	\$38,990.10	\$30,511.36	78.25%
'NOV-14	Nov 2018 - Jan 2019	\$42,775.49	\$33,016.51	77.19%
'NOV-14	Feb 2019 - Apr 2019	\$41,146.75	\$30,324.13	73.70%
'NOV-14	May 2019 - Jul 2019	\$35,088.31	\$18,041.35	51.42%
'NOV-14	Aug 2019 - Oct 2019	\$35,859.07	\$16,572.61	46.22%
'NOV-14	Nov 2019 - Jan 2020	\$34,745.13	\$16,361.00	47.09%
'NOV-14	Feb 2020 - Apr 2020	\$26,440.57	\$12,316.44	46.58%
'NOV-14	May 2020 - Jul 2020	\$23,912.47	\$10,576.34	44.23%
'NOV-14	Aug 2020 - Oct 2020	\$24,948.87	\$9,610.71	38.52%
'NOV-14	Nov 2020 - Jan 2021	\$24,246.09	\$7,691.54	31.72%
'DEC-14	Jun 2015 - Aug 2015	\$88,460.71	\$82,907.58	93.72%
'DEC-14	Sep 2015 - Nov 2015	\$69,934.70	\$65,457.83	93.60%
'DEC-14	Dec 2015 - Feb 2016	\$56,377.39	\$54,514.76	96.70%
'DEC-14	Mar 2016 - May 2016	\$69,003.10	\$63,291.38	91.72%
'DEC-14	Jun 2016 - Aug 2016	\$52,354.32	\$48,046.39	91.77%
'DEC-14	Sep 2016 - Nov 2016	\$56,818.13	\$52,493.32	92.39%

HEALTHY MICHIGAN PLAN

MI HEALTH ACCOUNT: JANUARY 2021

Chart 3: Quarterly Collection

Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percentage Collected
'DEC-14	Dec 2016 - Feb 2017	\$56,422.99	\$52,563.25	93.16%
'DEC-14	Mar 2017 - May 2017	\$55,606.99	\$51,279.21	92.22%
'DEC-14	Jun 2017 - Aug 2017	\$44,350.02	\$40,352.58	90.99%
'DEC-14	Sep 2017 - Nov 2017	\$40,266.82	\$36,174.14	89.84%
'DEC-14	Dec 2017 - Feb 2018	\$39,313.62	\$35,816.65	91.10%
'DEC-14	Mar 2018 - May 2018	\$36,066.82	\$31,573.70	87.54%
'DEC-14	Jun 2018 - Aug 2018	\$27,920.19	\$22,646.35	81.11%
'DEC-14	Sep 2018 - Nov 2018	\$27,371.06	\$21,584.02	78.86%
'DEC-14	Dec 2018 - Feb 2019	\$25,772.53	\$20,702.59	80.33%
'DEC-14	Mar 2019 - May 2019	\$25,458.49	\$16,534.68	64.95%
'DEC-14	Jun 2019 - Aug 2019	\$21,642.71	\$9,178.15	42.41%
'DEC-14	Sep 2019 - Nov 2019	\$20,648.00	\$8,930.17	43.25%
'DEC-14	Dec 2019 - Feb 2020	\$17,467.42	\$7,166.90	41.03%
'DEC-14	Mar 2020 - May 2020	\$15,264.73	\$6,423.19	42.08%
'DEC-14	Jun 2020 - Aug 2020	\$16,070.34	\$6,273.82	39.04%
'DEC-14	Sep 2020 - Nov 2020	\$15,490.77	\$5,205.84	33.61%
'JAN-15	Jul 2015 - Sep 2015	\$179,470.54	\$168,176.54	93.71%
'JAN-15	Oct 2015 - Dec 2015	\$142,157.18	\$133,959.58	94.23%
'JAN-15	Jan 2016 - Mar 2016	\$138,171.80	\$133,014.64	96.27%
'JAN-15	Apr 2016 - Jun 2016	\$159,174.09	\$145,998.26	91.72%
'JAN-15	Jul 2016 - Sep 2016	\$120,008.60	\$109,375.22	91.14%
'JAN-15	Oct 2016 - Dec 2016	\$130,835.96	\$119,463.99	91.31%
'JAN-15	Jan 2017 - Mar 2017	\$135,429.55	\$123,378.67	91.10%
'JAN-15	Apr 2017 - Jun 2017	\$110,348.75	\$99,169.73	89.87%
'JAN-15	Jul 2017 - Sep 2017	\$95,859.45	\$84,970.92	88.64%
'JAN-15	Oct 2017 - Dec 2017	\$88,689.16	\$77,820.77	87.75%
'JAN-15	Jan 2018 - Mar 2018	\$87,272.76	\$75,870.06	86.93%
'JAN-15	Apr 2018 - Jun 2018	\$54,123.76	\$44,110.08	81.50%
'JAN-15	Jul 2018 - Sep 2018	\$47,876.58	\$37,711.26	78.77%
'JAN-15	Oct 2018 - Dec 2018	\$47,050.62	\$36,293.49	77.14%
'JAN-15	Jan 2019 - Mar 2019	\$51,874.13	\$38,441.08	74.10%
'JAN-15	Apr 2019 - Jun 2019	\$47,409.28	\$26,692.14	56.30%
'JAN-15	Jul 2019 - Sep 2019	\$42,326.32	\$20,314.67	48.00%
'JAN-15	Oct 2019 - Dec 2019	\$41,452.79	\$19,545.43	47.15%
'JAN-15	Jan 2020 - Mar 2020	\$30,928.13	\$14,415.88	46.61%
'JAN-15	Apr 2020 - Jun 2020	\$27,291.15	\$11,730.51	42.98%
'JAN-15	Jul 2020 - Sep 2020	\$28,259.62	\$11,375.58	40.25%
'JAN-15	Oct 2020 - Dec 2020	\$25,543.68	\$9,172.76	35.91%
'FEB-15	Aug 2015 - Oct 2015	\$174,056.69	\$163,754.60	94.08%
'FEB-15	Nov 2015 - Jan 2016	\$112,715.91	\$107,410.48	95.29%
'FEB-15	Feb 2016 - Apr 2016	\$125,480.14	\$120,730.99	96.22%
'FEB-15	May 2016 - Jul 2016	\$158,548.96	\$144,896.28	91.39%
'FEB-15	Aug 2016 - Oct 2016	\$121,366.17	\$112,153.99	92.41%
'FEB-15	Nov 2016 - Jan 2017	\$123,769.56	\$114,946.96	92.87%
'FEB-15	Feb 2017 - Apr 2017	\$126,007.37	\$116,582.59	92.52%
'FEB-15	May 2017 - Jul 2017	\$104,021.14	\$94,375.22	90.73%
'FEB-15	Aug 2017 - Oct 2017	\$94,155.04	\$84,344.91	89.58%
'FEB-15	Nov 2017 - Jan 2018	\$82,308.58	\$74,134.81	90.07%
'FEB-15	Feb 2018 - Apr 2018	\$80,783.12	\$71,740.33	88.81%
'FEB-15	May 2018 - Jul 2018	\$57,141.88	\$46,703.11	81.73%
'FEB-15	Aug 2018 - Oct 2018	\$49,994.82	\$40,523.79	81.06%

HEALTHY MICHIGAN PLAN

MI HEALTH ACCOUNT: JANUARY 2021

Chart 3: Quarterly Collection

Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percentage Collected
'FEB-15	Nov 2018 - Jan 2019	\$53,749.70	\$42,044.63	78.22%
'FEB-15	Feb 2019 - Apr 2019	\$50,804.83	\$38,065.18	74.92%
'FEB-15	May 2019 - Jul 2019	\$44,445.37	\$23,685.21	53.29%
'FEB-15	Aug 2019 - Oct 2019	\$42,439.99	\$20,316.10	47.87%
'FEB-15	Nov 2019 - Jan 2020	\$39,582.98	\$18,588.28	46.96%
'FEB-15	Feb 2020 - Apr 2020	\$30,881.98	\$13,860.11	44.88%
'FEB-15	May 2020 - Jul 2020	\$29,022.64	\$12,460.44	42.93%
'FEB-15	Aug 2020 - Oct 2020	\$29,790.33	\$11,949.96	40.11%
'FEB-15	Nov 2020 - Jan 2021	\$28,902.60	\$10,006.98	34.62%
'MAR-15	Sep 2015 - Nov 2015	\$178,334.05	\$167,002.32	93.65%
'MAR-15	Dec 2015 - Feb 2016	\$80,612.03	\$77,574.21	96.23%
'MAR-15	Mar 2016 - May 2016	\$96,414.36	\$90,169.94	93.52%
'MAR-15	Jun 2016 - Aug 2016	\$99,883.96	\$94,267.20	94.38%
'MAR-15	Sep 2016 - Nov 2016	\$104,708.85	\$98,142.45	93.73%
'MAR-15	Dec 2016 - Feb 2017	\$93,640.92	\$86,994.84	92.90%
'MAR-15	Mar 2017 - May 2017	\$94,192.54	\$86,445.60	91.78%
'MAR-15	Jun 2017 - Aug 2017	\$83,112.81	\$75,249.19	90.54%
'MAR-15	Sep 2017 - Nov 2017	\$75,874.16	\$67,643.98	89.15%
'MAR-15	Dec 2017 - Feb 2018	\$64,412.03	\$57,123.67	88.68%
'MAR-15	Mar 2018 - May 2018	\$61,695.08	\$53,224.64	86.27%
'MAR-15	Jun 2018 - Aug 2018	\$46,427.65	\$36,190.36	77.95%
'MAR-15	Sep 2018 - Nov 2018	\$45,673.89	\$35,408.03	77.52%
'MAR-15	Dec 2018 - Feb 2019	\$42,891.65	\$32,003.37	74.61%
'MAR-15	Mar 2019 - May 2019	\$39,162.45	\$25,437.11	64.95%
'MAR-15	Jun 2019 - Aug 2019	\$34,719.75	\$16,517.95	47.58%
'MAR-15	Sep 2019 - Nov 2019	\$33,156.77	\$14,985.53	45.20%
'MAR-15	Dec 2019 - Feb 2020	\$27,795.48	\$12,628.19	45.43%
'MAR-15	Mar 2020 - May 2020	\$23,447.22	\$10,380.81	44.27%
'MAR-15	Jun 2020 - Aug 2020	\$25,548.65	\$10,664.33	41.74%
'MAR-15	Sep 2020 - Nov 2020	\$24,215.25	\$8,866.22	36.61%
'APR-15	Oct 2015 - Dec 2015	\$218,741.91	\$207,168.44	94.71%
'APR-15	Jan 2016 - Mar 2016	\$110,717.11	\$107,084.94	96.72%
'APR-15	Apr 2016 - Jun 2016	\$147,936.27	\$137,937.63	93.24%
'APR-15	Jul 2016 - Sep 2016	\$121,031.27	\$113,303.66	93.62%
'APR-15	Oct 2016 - Dec 2016	\$125,692.83	\$117,039.63	93.12%
'APR-15	Jan 2017 - Mar 2017	\$118,403.92	\$108,761.58	91.86%
'APR-15	Apr 2017 - Jun 2017	\$108,768.42	\$99,155.41	91.16%
'APR-15	Jul 2017 - Sep 2017	\$97,549.90	\$87,758.27	89.96%
'APR-15	Oct 2017 - Dec 2017	\$90,314.59	\$80,093.80	88.68%
'APR-15	Jan 2018 - Mar 2018	\$82,995.08	\$72,836.97	87.76%
'APR-15	Apr 2018 - Jun 2018	\$54,241.79	\$44,355.82	81.77%
'APR-15	Jul 2018 - Sep 2018	\$49,458.34	\$38,691.88	78.23%
'APR-15	Oct 2018 - Dec 2018	\$48,988.85	\$37,060.14	75.65%
'APR-15	Jan 2019 - Mar 2019	\$51,542.08	\$37,849.79	73.43%
'APR-15	Apr 2019 - Jun 2019	\$46,441.55	\$27,338.49	58.87%
'APR-15	Jul 2019 - Sep 2019	\$43,468.69	\$21,695.04	49.91%
'APR-15	Oct 2019 - Dec 2019	\$44,302.15	\$21,337.41	48.16%
'APR-15	Jan 2020 - Mar 2020	\$33,594.99	\$16,419.48	48.87%
'APR-15	Apr 2020 - Jun 2020	\$31,481.31	\$13,825.74	43.92%
'APR-15	Jul 2020 - Sep 2020	\$34,141.22	\$12,854.45	37.65%
'APR-15	Oct 2020 - Dec 2020	\$32,540.94	\$11,048.02	33.95%

HEALTHY MICHIGAN PLAN

MI HEALTH ACCOUNT: JANUARY 2021

Chart 3: Quarterly Collection

Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percentage Collected
'MAY-15	Nov 2015 - Jan 2016	\$150,083.65	\$144,336.27	96.17%
'MAY-15	Feb 2016 - Apr 2016	\$104,241.72	\$101,242.04	97.12%
'MAY-15	May 2016 - Jul 2016	\$141,816.53	\$131,423.89	92.67%
'MAY-15	Aug 2016 - Oct 2016	\$119,019.57	\$111,752.38	93.89%
'MAY-15	Nov 2016 - Jan 2017	\$115,194.84	\$107,532.63	93.35%
'MAY-15	Feb 2017 - Apr 2017	\$101,149.09	\$93,565.96	92.50%
'MAY-15	May 2017 - Jul 2017	\$91,872.93	\$84,094.39	91.53%
'MAY-15	Aug 2017 - Oct 2017	\$85,599.58	\$77,500.53	90.54%
'MAY-15	Nov 2017 - Jan 2018	\$78,525.43	\$70,901.59	90.29%
'MAY-15	Feb 2018 - Apr 2018	\$73,167.10	\$65,191.68	89.10%
'MAY-15	May 2018 - Jul 2018	\$51,502.63	\$42,733.11	82.97%
'MAY-15	Aug 2018 - Oct 2018	\$45,964.35	\$37,975.38	82.62%
'MAY-15	Nov 2018 - Jan 2019	\$48,768.13	\$37,721.56	77.35%
'MAY-15	Feb 2019 - Apr 2019	\$45,540.86	\$33,980.87	74.62%
'MAY-15	May 2019 - Jul 2019	\$38,381.77	\$20,562.69	53.57%
'MAY-15	Aug 2019 - Oct 2019	\$37,091.64	\$18,886.50	50.92%
'MAY-15	Nov 2019 - Jan 2020	\$35,974.96	\$18,203.53	50.60%
'MAY-15	Feb 2020 - Apr 2020	\$26,003.52	\$12,596.75	48.44%
'MAY-15	May 2020 - Jul 2020	\$24,962.09	\$11,208.38	44.90%
'MAY-15	Aug 2020 - Oct 2020	\$25,596.81	\$10,724.80	41.90%
'MAY-15	Nov 2020 - Jan 2021	\$25,936.02	\$8,954.34	34.52%
'JUN-15	Dec 2015 - Feb 2016	\$118,980.52	\$114,472.76	96.21%
'JUN-15	Mar 2016 - May 2016	\$87,205.55	\$80,176.45	91.94%
'JUN-15	Jun 2016 - Aug 2016	\$77,464.79	\$72,792.60	93.97%
'JUN-15	Sep 2016 - Nov 2016	\$89,315.80	\$83,181.21	93.13%
'JUN-15	Dec 2016 - Feb 2017	\$81,148.28	\$74,607.99	91.94%
'JUN-15	Mar 2017 - May 2017	\$71,149.43	\$65,149.35	91.57%
'JUN-15	Jun 2017 - Aug 2017	\$63,853.30	\$58,093.26	90.98%
'JUN-15	Sep 2017 - Nov 2017	\$61,961.39	\$55,861.67	90.16%
'JUN-15	Dec 2017 - Feb 2018	\$54,906.06	\$48,875.57	89.02%
'JUN-15	Mar 2018 - May 2018	\$48,988.11	\$42,240.98	86.23%
'JUN-15	Jun 2018 - Aug 2018	\$38,411.74	\$30,969.65	80.63%
'JUN-15	Sep 2018 - Nov 2018	\$37,708.38	\$29,465.34	78.14%
'JUN-15	Dec 2018 - Feb 2019	\$35,536.21	\$26,693.04	75.12%
'JUN-15	Mar 2019 - May 2019	\$31,449.44	\$21,126.70	67.18%
'JUN-15	Jun 2019 - Aug 2019	\$25,770.91	\$13,558.26	52.61%
'JUN-15	Sep 2019 - Nov 2019	\$27,984.03	\$14,175.76	50.66%
'JUN-15	Dec 2019 - Feb 2020	\$25,176.63	\$13,157.43	52.26%
'JUN-15	Mar 2020 - May 2020	\$21,012.16	\$10,321.31	49.12%
'JUN-15	Jun 2020 - Aug 2020	\$21,158.82	\$9,991.62	47.22%
'JUN-15	Sep 2020 - Nov 2020	\$21,290.47	\$8,615.19	40.47%
'JUL-15	Jan 2016 - Mar 2016	\$117,289.64	\$112,954.34	96.30%
'JUL-15	Apr 2016 - Jun 2016	\$89,761.48	\$82,837.05	92.29%
'JUL-15	Jul 2016 - Sep 2016	\$73,628.00	\$68,616.49	93.19%
'JUL-15	Oct 2016 - Dec 2016	\$76,094.46	\$70,667.36	92.87%
'JUL-15	Jan 2017 - Mar 2017	\$72,242.81	\$65,678.64	90.91%
'JUL-15	Apr 2017 - Jun 2017	\$57,940.01	\$52,266.24	90.21%
'JUL-15	Jul 2017 - Sep 2017	\$53,571.24	\$48,515.73	90.56%
'JUL-15	Oct 2017 - Dec 2017	\$50,456.21	\$44,968.42	89.12%
'JUL-15	Jan 2018 - Mar 2018	\$49,554.24	\$43,535.20	87.85%
'JUL-15	Apr 2018 - Jun 2018	\$29,822.57	\$24,845.68	83.31%

HEALTHY MICHIGAN PLAN

MI HEALTH ACCOUNT: JANUARY 2021

Chart 3: Quarterly Collection

Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percentage Collected
'JUL-15	Jul 2018 - Sep 2018	\$28,420.19	\$22,469.05	79.06%
'JUL-15	Oct 2018 - Dec 2018	\$28,045.01	\$21,585.36	76.97%
'JUL-15	Jan 2019 - Mar 2019	\$30,225.92	\$21,583.66	71.41%
'JUL-15	Apr 2019 - Jun 2019	\$24,841.20	\$13,722.54	55.24%
'JUL-15	Jul 2019 - Sep 2019	\$23,563.06	\$11,729.10	49.78%
'JUL-15	Oct 2019 - Dec 2019	\$23,164.77	\$10,901.25	47.06%
'JUL-15	Jan 2020 - Mar 2020	\$16,583.34	\$8,069.39	48.66%
'JUL-15	Apr 2020 - Jun 2020	\$15,960.85	\$7,778.26	48.73%
'JUL-15	Jul 2020 - Sep 2020	\$16,482.83	\$7,163.67	43.46%
'JUL-15	Oct 2020 - Dec 2020	\$15,754.97	\$5,963.51	37.85%
'AUG-15	Feb 2016 - Apr 2016	\$115,159.10	\$109,529.00	95.11%
'AUG-15	May 2016 - Jul 2016	\$86,821.84	\$78,297.37	90.18%
'AUG-15	Aug 2016 - Oct 2016	\$75,184.92	\$69,609.68	92.58%
'AUG-15	Nov 2016 - Jan 2017	\$82,716.95	\$76,282.92	92.22%
'AUG-15	Feb 2017 - Apr 2017	\$73,976.03	\$66,623.12	90.06%
'AUG-15	May 2017 - Jul 2017	\$56,294.94	\$50,150.27	89.08%
'AUG-15	Aug 2017 - Oct 2017	\$54,763.34	\$49,182.30	89.81%
'AUG-15	Nov 2017 - Jan 2018	\$51,170.41	\$45,835.23	89.57%
'AUG-15	Feb 2018 - Apr 2018	\$48,838.20	\$43,156.50	88.37%
'AUG-15	May 2018 - Jul 2018	\$33,140.21	\$26,807.45	80.89%
'AUG-15	Aug 2018 - Oct 2018	\$29,746.88	\$23,369.00	78.56%
'AUG-15	Nov 2018 - Jan 2019	\$31,309.19	\$23,490.73	75.03%
'AUG-15	Feb 2019 - Apr 2019	\$30,605.16	\$21,772.20	71.14%
'AUG-15	May 2019 - Jul 2019	\$24,656.31	\$11,200.34	45.43%
'AUG-15	Aug 2019 - Oct 2019	\$23,742.55	\$10,021.09	42.21%
'AUG-15	Nov 2019 - Jan 2020	\$23,100.40	\$9,230.65	39.96%
'AUG-15	Feb 2020 - Apr 2020	\$17,225.41	\$7,001.62	40.65%
'AUG-15	May 2020 - Jul 2020	\$15,643.65	\$5,904.44	37.74%
'AUG-15	Aug 2020 - Oct 2020	\$16,676.77	\$5,506.39	33.02%
'AUG-15	Nov 2020 - Jan 2021	\$16,451.84	\$4,366.68	26.54%
'SEP-15	Mar 2016 - May 2016	\$96,636.08	\$88,975.04	92.07%
'SEP-15	Jun 2016 - Aug 2016	\$56,925.31	\$52,277.52	91.84%
'SEP-15	Sep 2016 - Nov 2016	\$59,853.45	\$55,561.14	92.83%
'SEP-15	Dec 2016 - Feb 2017	\$62,842.23	\$57,697.21	91.81%
'SEP-15	Mar 2017 - May 2017	\$58,926.58	\$52,754.31	89.53%
'SEP-15	Jun 2017 - Aug 2017	\$45,783.88	\$40,764.88	89.04%
'SEP-15	Sep 2017 - Nov 2017	\$44,109.48	\$38,747.29	87.84%
'SEP-15	Dec 2017 - Feb 2018	\$41,919.25	\$36,144.25	86.22%
'SEP-15	Mar 2018 - May 2018	\$37,562.77	\$31,636.99	84.22%
'SEP-15	Jun 2018 - Aug 2018	\$28,481.42	\$22,222.35	78.02%
'SEP-15	Sep 2018 - Nov 2018	\$28,556.44	\$22,625.79	79.23%
'SEP-15	Dec 2018 - Feb 2019	\$28,453.64	\$21,905.31	76.99%
'SEP-15	Mar 2019 - May 2019	\$25,815.82	\$17,043.61	66.02%
'SEP-15	Jun 2019 - Aug 2019	\$19,991.85	\$8,974.23	44.89%
'SEP-15	Sep 2019 - Nov 2019	\$19,439.17	\$8,678.33	44.64%
'SEP-15	Dec 2019 - Feb 2020	\$16,842.32	\$7,452.00	44.25%
'SEP-15	Mar 2020 - May 2020	\$13,479.38	\$5,836.28	43.30%
'SEP-15	Jun 2020 - Aug 2020	\$14,341.17	\$5,522.52	38.51%
'SEP-15	Sep 2020 - Nov 2020	\$14,525.15	\$4,571.36	31.47%
'OCT-15	Apr 2016 - Jun 2016	\$105,563.22	\$97,126.85	92.01%

HEALTHY MICHIGAN PLAN

MI HEALTH ACCOUNT: JANUARY 2021

Chart 3: Quarterly Collection

Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percentage Collected
'OCT-15	Jul 2016 - Sep 2016	\$66,345.62	\$60,740.60	91.55%
'OCT-15	Oct 2016 - Dec 2016	\$75,888.06	\$69,988.91	92.23%
'OCT-15	Jan 2017 - Mar 2017	\$74,309.58	\$67,648.90	91.04%
'OCT-15	Apr 2017 - Jun 2017	\$60,533.39	\$53,843.54	88.95%
'OCT-15	Jul 2017 - Sep 2017	\$47,983.32	\$41,757.73	87.03%
'OCT-15	Oct 2017 - Dec 2017	\$49,724.21	\$43,685.72	87.86%
'OCT-15	Jan 2018 - Mar 2018	\$48,385.96	\$41,903.61	86.60%
'OCT-15	Apr 2018 - Jun 2018	\$29,199.24	\$24,203.44	82.89%
'OCT-15	Jul 2018 - Sep 2018	\$25,523.95	\$20,096.84	78.74%
'OCT-15	Oct 2018 - Dec 2018	\$26,592.37	\$20,314.26	76.39%
'OCT-15	Jan 2019 - Mar 2019	\$27,593.46	\$20,309.13	73.60%
'OCT-15	Apr 2019 - Jun 2019	\$25,234.42	\$13,459.39	53.34%
'OCT-15	Jul 2019 - Sep 2019	\$22,568.59	\$9,186.27	40.70%
'OCT-15	Oct 2019 - Dec 2019	\$23,755.89	\$9,179.86	38.64%
'OCT-15	Jan 2020 - Mar 2020	\$17,688.53	\$7,161.11	40.48%
'OCT-15	Apr 2020 - Jun 2020	\$15,679.16	\$6,183.12	39.44%
'OCT-15	Jul 2020 - Sep 2020	\$17,752.18	\$6,504.90	36.64%
'OCT-15	Oct 2020 - Dec 2020	\$16,132.67	\$4,458.63	27.64%
'NOV-15	May 2016 - Jul 2016	\$126,128.82	\$114,812.62	91.03%
'NOV-15	Aug 2016 - Oct 2016	\$87,371.12	\$79,457.11	90.94%
'NOV-15	Nov 2016 - Jan 2017	\$99,407.57	\$90,672.70	91.21%
'NOV-15	Feb 2017 - Apr 2017	\$93,119.86	\$83,074.61	89.21%
'NOV-15	May 2017 - Jul 2017	\$72,059.08	\$63,050.69	87.50%
'NOV-15	Aug 2017 - Oct 2017	\$55,113.96	\$47,963.41	87.03%
'NOV-15	Nov 2017 - Jan 2018	\$52,955.69	\$47,207.95	89.15%
'NOV-15	Feb 2018 - Apr 2018	\$53,512.46	\$46,482.15	86.86%
'NOV-15	May 2018 - Jul 2018	\$35,197.13	\$27,260.75	77.45%
'NOV-15	Aug 2018 - Oct 2018	\$29,557.86	\$23,037.86	77.94%
'NOV-15	Nov 2018 - Jan 2019	\$34,342.01	\$25,290.84	73.64%
'NOV-15	Feb 2019 - Apr 2019	\$33,622.29	\$22,636.56	67.33%
'NOV-15	May 2019 - Jul 2019	\$27,710.12	\$12,057.52	43.51%
'NOV-15	Aug 2019 - Oct 2019	\$24,543.39	\$9,981.66	40.67%
'NOV-15	Nov 2019 - Jan 2020	\$24,665.92	\$10,766.42	43.65%
'NOV-15	Feb 2020 - Apr 2020	\$18,873.76	\$8,087.60	42.85%
'NOV-15	May 2020 - Jul 2020	\$17,829.26	\$7,481.49	41.96%
'NOV-15	Aug 2020 - Oct 2020	\$18,238.20	\$6,846.90	37.54%
'NOV-15	Nov 2020 - Jan 2021	\$18,010.93	\$5,441.40	30.21%
'DEC-15	Jun 2016 - Aug 2016	\$118,872.89	\$109,052.99	91.74%
'DEC-15	Sep 2016 - Nov 2016	\$97,363.32	\$89,480.95	91.90%
'DEC-15	Dec 2016 - Feb 2017	\$100,991.62	\$92,043.11	91.14%
'DEC-15	Mar 2017 - May 2017	\$101,321.11	\$90,067.96	88.89%
'DEC-15	Jun 2017 - Aug 2017	\$80,042.80	\$69,575.10	86.92%
'DEC-15	Sep 2017 - Nov 2017	\$62,722.23	\$54,344.77	86.64%
'DEC-15	Dec 2017 - Feb 2018	\$60,003.77	\$51,674.66	86.12%
'DEC-15	Mar 2018 - May 2018	\$56,617.46	\$46,911.44	82.86%
'DEC-15	Jun 2018 - Aug 2018	\$40,552.59	\$29,744.99	73.35%
'DEC-15	Sep 2018 - Nov 2018	\$38,308.72	\$27,559.30	71.94%
'DEC-15	Dec 2018 - Feb 2019	\$37,600.11	\$25,948.07	69.01%
'DEC-15	Mar 2019 - May 2019	\$35,602.18	\$21,209.94	59.57%
'DEC-15	Jun 2019 - Aug 2019	\$31,329.12	\$13,320.61	42.52%

HEALTHY MICHIGAN PLAN

MI HEALTH ACCOUNT: JANUARY 2021

Chart 3: Quarterly Collection

Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percentage Collected
'DEC-15	Sep 2019 - Nov 2019	\$29,172.47	\$11,656.88	39.96%
'DEC-15	Dec 2019 - Feb 2020	\$25,530.34	\$10,263.67	40.20%
'DEC-15	Mar 2020 - May 2020	\$22,280.53	\$9,076.99	40.74%
'DEC-15	Jun 2020 - Aug 2020	\$23,097.00	\$9,073.47	39.28%
'DEC-15	Sep 2020 - Nov 2020	\$22,657.24	\$7,170.45	31.65%
'JAN-16	Jul 2016 - Sep 2016	\$156,041.50	\$144,824.76	92.81%
'JAN-16	Oct 2016 - Dec 2016	\$125,395.68	\$115,599.06	92.19%
'JAN-16	Jan 2017 - Mar 2017	\$125,254.80	\$114,780.93	91.64%
'JAN-16	Apr 2017 - Jun 2017	\$107,586.31	\$96,488.02	89.68%
'JAN-16	Jul 2017 - Sep 2017	\$87,997.01	\$77,059.60	87.57%
'JAN-16	Oct 2017 - Dec 2017	\$73,923.87	\$63,675.49	86.14%
'JAN-16	Jan 2018 - Mar 2018	\$76,897.00	\$65,614.10	85.33%
'JAN-16	Apr 2018 - Jun 2018	\$48,182.34	\$38,085.81	79.05%
'JAN-16	Jul 2018 - Sep 2018	\$41,556.46	\$31,268.34	75.24%
'JAN-16	Oct 2018 - Dec 2018	\$41,632.94	\$30,824.85	74.04%
'JAN-16	Jan 2019 - Mar 2019	\$44,827.45	\$31,940.48	71.25%
'JAN-16	Apr 2019 - Jun 2019	\$40,851.97	\$22,651.39	55.45%
'JAN-16	Jul 2019 - Sep 2019	\$37,964.69	\$17,892.13	47.13%
'JAN-16	Oct 2019 - Dec 2019	\$36,833.14	\$16,921.57	45.94%
'JAN-16	Jan 2020 - Mar 2020	\$27,947.87	\$12,457.23	44.57%
'JAN-16	Apr 2020 - Jun 2020	\$26,957.11	\$11,475.17	42.57%
'JAN-16	Jul 2020 - Sep 2020	\$28,120.88	\$11,098.06	39.47%
'JAN-16	Oct 2020 - Dec 2020	\$27,103.42	\$8,870.66	32.73%
'FEB-16	Aug 2016 - Oct 2016	\$212,836.96	\$200,361.32	94.14%
'FEB-16	Nov 2016 - Jan 2017	\$165,432.44	\$155,189.87	93.81%
'FEB-16	Feb 2017 - Apr 2017	\$154,727.16	\$143,182.70	92.54%
'FEB-16	May 2017 - Jul 2017	\$133,900.42	\$121,731.40	90.91%
'FEB-16	Aug 2017 - Oct 2017	\$115,171.76	\$102,740.29	89.21%
'FEB-16	Nov 2017 - Jan 2018	\$96,192.67	\$84,929.27	88.29%
'FEB-16	Feb 2018 - Apr 2018	\$93,213.28	\$80,803.75	86.69%
'FEB-16	May 2018 - Jul 2018	\$65,104.05	\$51,109.33	78.50%
'FEB-16	Aug 2018 - Oct 2018	\$58,917.39	\$45,726.99	77.61%
'FEB-16	Nov 2018 - Jan 2019	\$62,369.60	\$46,388.88	74.38%
'FEB-16	Feb 2019 - Apr 2019	\$58,536.02	\$40,732.56	69.59%
'FEB-16	May 2019 - Jul 2019	\$52,316.37	\$27,076.07	51.75%
'FEB-16	Aug 2019 - Oct 2019	\$48,926.97	\$23,958.75	48.97%
'FEB-16	Nov 2019 - Jan 2020	\$45,181.77	\$22,174.01	49.08%
'FEB-16	Feb 2020 - Apr 2020	\$34,126.07	\$15,973.88	46.81%
'FEB-16	May 2020 - Jul 2020	\$32,533.32	\$15,023.58	46.18%
'FEB-16	Aug 2020 - Oct 2020	\$32,938.17	\$13,834.60	42.00%
'FEB-16	Nov 2020 - Jan 2021	\$30,783.22	\$10,387.85	33.75%
'MAR-16	Sep 2016 - Nov 2016	\$192,439.29	\$178,792.90	92.91%
'MAR-16	Dec 2016 - Feb 2017	\$140,189.36	\$129,272.71	92.21%
'MAR-16	Mar 2017 - May 2017	\$132,305.84	\$119,644.91	90.43%
'MAR-16	Jun 2017 - Aug 2017	\$116,435.87	\$103,212.54	88.64%
'MAR-16	Sep 2017 - Nov 2017	\$102,370.96	\$89,068.94	87.01%
'MAR-16	Dec 2017 - Feb 2018	\$82,538.80	\$70,134.54	84.97%
'MAR-16	Mar 2018 - May 2018	\$78,505.04	\$64,649.92	82.35%
'MAR-16	Jun 2018 - Aug 2018	\$58,084.12	\$42,521.57	73.21%
'MAR-16	Sep 2018 - Nov 2018	\$55,693.90	\$39,390.09	70.73%

HEALTHY MICHIGAN PLAN

MI HEALTH ACCOUNT: JANUARY 2021

Chart 3: Quarterly Collection

Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percentage Collected
'MAR-16	Dec 2018 - Feb 2019	\$52,092.84	\$35,711.59	68.55%
'MAR-16	Mar 2019 - May 2019	\$49,671.87	\$30,258.45	60.92%
'MAR-16	Jun 2019 - Aug 2019	\$43,986.72	\$20,115.96	45.73%
'MAR-16	Sep 2019 - Nov 2019	\$41,961.77	\$18,265.53	43.53%
'MAR-16	Dec 2019 - Feb 2020	\$35,362.67	\$15,463.52	43.73%
'MAR-16	Mar 2020 - May 2020	\$31,193.25	\$13,112.11	42.04%
'MAR-16	Jun 2020 - Aug 2020	\$32,229.12	\$12,783.52	39.66%
'MAR-16	Sep 2020 - Nov 2020	\$30,708.02	\$10,925.44	35.58%
'APR-16	Oct 2016 - Dec 2016	\$178,502.57	\$164,471.17	92.14%
'APR-16	Jan 2017 - Mar 2017	\$144,192.91	\$130,863.75	90.76%
'APR-16	Apr 2017 - Jun 2017	\$130,672.03	\$116,792.28	89.38%
'APR-16	Jul 2017 - Sep 2017	\$112,318.47	\$98,315.59	87.53%
'APR-16	Oct 2017 - Dec 2017	\$97,320.01	\$83,326.95	85.62%
'APR-16	Jan 2018 - Mar 2018	\$87,603.17	\$74,294.19	84.81%
'APR-16	Apr 2018 - Jun 2018	\$58,708.46	\$46,299.88	78.86%
'APR-16	Jul 2018 - Sep 2018	\$51,795.80	\$38,809.48	74.93%
'APR-16	Oct 2018 - Dec 2018	\$52,565.01	\$37,780.01	71.87%
'APR-16	Jan 2019 - Mar 2019	\$54,489.83	\$36,973.82	67.85%
'APR-16	Apr 2019 - Jun 2019	\$48,926.76	\$24,737.66	50.56%
'APR-16	Jul 2019 - Sep 2019	\$48,459.17	\$18,793.45	38.78%
'APR-16	Oct 2019 - Dec 2019	\$47,285.44	\$18,204.82	38.50%
'APR-16	Jan 2020 - Mar 2020	\$35,457.12	\$13,229.06	37.31%
'APR-16	Apr 2020 - Jun 2020	\$34,855.08	\$13,242.72	37.99%
'APR-16	Jul 2020 - Sep 2020	\$35,963.77	\$12,015.90	33.41%
'APR-16	Oct 2020 - Dec 2020	\$33,290.77	\$9,720.64	29.20%
'MAY-16	Nov 2016 - Jan 2017	\$179,059.68	\$164,556.27	91.90%
'MAY-16	Feb 2017 - Apr 2017	\$139,747.07	\$126,568.17	90.57%
'MAY-16	May 2017 - Jul 2017	\$117,601.23	\$104,555.26	88.91%
'MAY-16	Aug 2017 - Oct 2017	\$108,318.88	\$94,448.71	87.20%
'MAY-16	Nov 2017 - Jan 2018	\$92,338.69	\$79,767.51	86.39%
'MAY-16	Feb 2018 - Apr 2018	\$83,642.11	\$70,569.54	84.37%
'MAY-16	May 2018 - Jul 2018	\$56,991.24	\$42,766.13	75.04%
'MAY-16	Aug 2018 - Oct 2018	\$52,976.04	\$38,940.71	73.51%
'MAY-16	Nov 2018 - Jan 2019	\$56,866.77	\$40,533.18	71.28%
'MAY-16	Feb 2019 - Apr 2019	\$53,210.85	\$35,487.89	66.69%
'MAY-16	May 2019 - Jul 2019	\$46,013.87	\$20,452.64	44.45%
'MAY-16	Aug 2019 - Oct 2019	\$47,078.47	\$20,598.79	43.75%
'MAY-16	Nov 2019 - Jan 2020	\$43,397.86	\$18,457.01	42.53%
'MAY-16	Feb 2020 - Apr 2020	\$32,245.64	\$13,423.80	41.63%
'MAY-16	May 2020 - Jul 2020	\$31,199.24	\$11,812.05	37.86%
'MAY-16	Aug 2020 - Oct 2020	\$33,753.79	\$11,020.80	32.65%
'MAY-16	Nov 2020 - Jan 2021	\$32,378.78	\$8,296.33	25.62%
'JUN-16	Dec 2016 - Feb 2017	\$113,980.15	\$104,856.84	92.00%
'JUN-16	Mar 2017 - May 2017	\$92,813.44	\$83,589.28	90.06%
'JUN-16	Jun 2017 - Aug 2017	\$80,907.93	\$72,344.95	89.42%
'JUN-16	Sep 2017 - Nov 2017	\$78,405.72	\$69,832.38	89.07%
'JUN-16	Dec 2017 - Feb 2018	\$67,979.47	\$59,888.41	88.10%
'JUN-16	Mar 2018 - May 2018	\$57,310.29	\$48,913.27	85.35%
'JUN-16	Jun 2018 - Aug 2018	\$44,232.73	\$34,309.28	77.57%

HEALTHY MICHIGAN PLAN

MI HEALTH ACCOUNT: JANUARY 2021

Chart 3: Quarterly Collection

Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percentage Collected
'JUN-16	Sep 2018 - Nov 2018	\$44,763.41	\$33,482.30	74.80%
'JUN-16	Dec 2018 - Feb 2019	\$41,418.10	\$29,914.22	72.22%
'JUN-16	Mar 2019 - May 2019	\$34,890.68	\$21,926.16	62.84%
'JUN-16	Jun 2019 - Aug 2019	\$29,357.35	\$13,186.23	44.92%
'JUN-16	Sep 2019 - Nov 2019	\$31,025.99	\$12,946.54	41.73%
'JUN-16	Dec 2019 - Feb 2020	\$26,408.77	\$11,141.29	42.19%
'JUN-16	Mar 2020 - May 2020	\$22,523.95	\$9,313.50	41.35%
'JUN-16	Jun 2020 - Aug 2020	\$22,416.02	\$9,251.31	41.27%
'JUN-16	Sep 2020 - Nov 2020	\$21,587.47	\$7,389.45	34.23%
'JUL-16	Jan 2017 - Mar 2017	\$132,040.25	\$121,110.77	91.72%
'JUL-16	Apr 2017 - Jun 2017	\$103,920.46	\$93,459.78	89.93%
'JUL-16	Jul 2017 - Sep 2017	\$90,485.37	\$80,935.64	89.45%
'JUL-16	Oct 2017 - Dec 2017	\$85,458.65	\$76,133.90	89.09%
'JUL-16	Jan 2018 - Mar 2018	\$82,229.61	\$72,717.15	88.43%
'JUL-16	Apr 2018 - Jun 2018	\$44,501.18	\$37,336.83	83.90%
'JUL-16	Jul 2018 - Sep 2018	\$41,636.58	\$33,533.88	80.54%
'JUL-16	Oct 2018 - Dec 2018	\$41,828.19	\$32,680.65	78.13%
'JUL-16	Jan 2019 - Mar 2019	\$45,165.31	\$33,447.63	74.06%
'JUL-16	Apr 2019 - Jun 2019	\$34,132.92	\$19,979.97	58.54%
'JUL-16	Jul 2019 - Sep 2019	\$30,997.11	\$14,293.41	46.11%
'JUL-16	Oct 2019 - Dec 2019	\$31,224.85	\$12,935.25	41.43%
'JUL-16	Jan 2020 - Mar 2020	\$22,882.55	\$9,192.45	40.17%
'JUL-16	Apr 2020 - Jun 2020	\$22,018.59	\$8,773.89	39.85%
'JUL-16	Jul 2020 - Sep 2020	\$23,967.55	\$8,513.61	35.52%
'JUL-16	Oct 2020 - Dec 2020	\$22,585.89	\$7,204.33	31.90%
'AUG-16	Feb 2017 - Apr 2017	\$133,144.78	\$121,314.00	91.11%
'AUG-16	May 2017 - Jul 2017	\$113,744.59	\$102,703.06	90.29%
'AUG-16	Aug 2017 - Oct 2017	\$105,823.60	\$95,274.60	90.03%
'AUG-16	Nov 2017 - Jan 2018	\$94,803.38	\$84,932.82	89.59%
'AUG-16	Feb 2018 - Apr 2018	\$86,445.50	\$75,981.62	87.90%
'AUG-16	May 2018 - Jul 2018	\$52,772.27	\$41,796.36	79.20%
'AUG-16	Aug 2018 - Oct 2018	\$50,443.17	\$40,786.55	80.86%
'AUG-16	Nov 2018 - Jan 2019	\$54,630.22	\$42,288.93	77.41%
'AUG-16	Feb 2019 - Apr 2019	\$51,119.29	\$37,519.04	73.40%
'AUG-16	May 2019 - Jul 2019	\$35,752.44	\$17,654.66	49.38%
'AUG-16	Aug 2019 - Oct 2019	\$34,563.97	\$16,082.17	46.53%
'AUG-16	Nov 2019 - Jan 2020	\$34,929.60	\$15,371.33	44.01%
'AUG-16	Feb 2020 - Apr 2020	\$26,602.54	\$11,051.46	41.54%
'AUG-16	May 2020 - Jul 2020	\$26,403.42	\$10,081.80	38.18%
'AUG-16	Aug 2020 - Oct 2020	\$27,971.53	\$9,558.68	34.17%
'AUG-16	Nov 2020 - Jan 2021	\$26,502.24	\$7,358.61	27.77%
'SEP-16	Mar 2017 - May 2017	\$118,283.76	\$106,310.18	89.88%
'SEP-16	Jun 2017 - Aug 2017	\$91,288.22	\$81,813.78	89.62%
'SEP-16	Sep 2017 - Nov 2017	\$81,807.76	\$73,185.30	89.46%
'SEP-16	Dec 2017 - Feb 2018	\$75,182.97	\$66,999.39	89.12%
'SEP-16	Mar 2018 - May 2018	\$65,349.30	\$55,793.50	85.38%
'SEP-16	Jun 2018 - Aug 2018	\$44,592.48	\$35,252.17	79.05%
'SEP-16	Sep 2018 - Nov 2018	\$43,761.66	\$34,203.78	78.16%
'SEP-16	Dec 2018 - Feb 2019	\$43,191.20	\$32,258.23	74.69%

HEALTHY MICHIGAN PLAN

MI HEALTH ACCOUNT: JANUARY 2021

Chart 3: Quarterly Collection

Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percentage Collected
'SEP-16	Mar 2019 - May 2019	\$40,880.34	\$25,985.13	63.56%
'SEP-16	Jun 2019 - Aug 2019	\$27,793.25	\$12,145.15	43.70%
'SEP-16	Sep 2019 - Nov 2019	\$25,000.24	\$9,957.98	39.83%
'SEP-16	Dec 2019 - Feb 2020	\$23,450.14	\$9,009.47	38.42%
'SEP-16	Mar 2020 - May 2020	\$18,989.29	\$7,265.51	38.26%
'SEP-16	Jun 2020 - Aug 2020	\$21,033.31	\$7,698.41	36.60%
'SEP-16	Sep 2020 - Nov 2020	\$20,462.48	\$6,263.53	30.61%
'OCT-16	Apr 2017 - Jun 2017	\$149,740.85	\$134,248.91	89.65%
'OCT-16	Jul 2017 - Sep 2017	\$116,718.32	\$103,551.55	88.72%
'OCT-16	Oct 2017 - Dec 2017	\$104,247.59	\$92,857.21	89.07%
'OCT-16	Jan 2018 - Mar 2018	\$97,400.45	\$85,125.95	87.40%
'OCT-16	Apr 2018 - Jun 2018	\$55,972.51	\$45,839.67	81.90%
'OCT-16	Jul 2018 - Sep 2018	\$47,725.19	\$36,608.86	76.71%
'OCT-16	Oct 2018 - Dec 2018	\$53,141.88	\$40,175.20	75.60%
'OCT-16	Jan 2019 - Mar 2019	\$55,333.81	\$39,187.55	70.82%
'OCT-16	Apr 2019 - Jun 2019	\$50,305.58	\$25,448.36	50.59%
'OCT-16	Jul 2019 - Sep 2019	\$43,746.78	\$17,346.16	39.65%
'OCT-16	Oct 2019 - Dec 2019	\$45,941.04	\$17,076.21	37.17%
'OCT-16	Jan 2020 - Mar 2020	\$32,086.29	\$11,845.60	36.92%
'OCT-16	Apr 2020 - Jun 2020	\$29,444.83	\$10,717.55	36.40%
'OCT-16	Jul 2020 - Sep 2020	\$32,003.56	\$10,672.24	33.35%
'OCT-16	Oct 2020 - Dec 2020	\$30,365.79	\$7,889.86	25.98%
'NOV-16	May 2017 - Jul 2017	\$128,640.82	\$115,062.15	89.44%
'NOV-16	Aug 2017 - Oct 2017	\$89,853.09	\$79,978.76	89.01%
'NOV-16	Nov 2017 - Jan 2018	\$82,242.47	\$73,738.49	89.66%
'NOV-16	Feb 2018 - Apr 2018	\$78,161.59	\$69,309.68	88.67%
'NOV-16	May 2018 - Jul 2018	\$48,809.11	\$37,596.04	77.03%
'NOV-16	Aug 2018 - Oct 2018	\$41,131.88	\$31,388.72	76.31%
'NOV-16	Nov 2018 - Jan 2019	\$48,104.02	\$36,354.73	75.58%
'NOV-16	Feb 2019 - Apr 2019	\$44,588.10	\$32,200.64	72.22%
'NOV-16	May 2019 - Jul 2019	\$38,096.85	\$16,902.68	44.37%
'NOV-16	Aug 2019 - Oct 2019	\$34,115.82	\$13,537.76	39.68%
'NOV-16	Nov 2019 - Jan 2020	\$32,056.83	\$12,530.57	39.09%
'NOV-16	Feb 2020 - Apr 2020	\$23,948.69	\$9,469.25	39.54%
'NOV-16	May 2020 - Jul 2020	\$23,972.91	\$8,351.51	34.84%
'NOV-16	Aug 2020 - Oct 2020	\$25,160.48	\$7,379.03	29.33%
'NOV-16	Nov 2020 - Jan 2021	\$23,943.49	\$5,019.76	20.97%
'DEC-16	Jun 2017 - Aug 2017	\$119,263.23	\$105,188.76	88.20%
'DEC-16	Sep 2017 - Nov 2017	\$85,286.66	\$74,529.44	87.39%
'DEC-16	Dec 2017 - Feb 2018	\$77,242.62	\$66,953.52	86.68%
'DEC-16	Mar 2018 - May 2018	\$71,111.54	\$58,356.35	82.06%
'DEC-16	Jun 2018 - Aug 2018	\$53,541.80	\$39,192.69	73.20%
'DEC-16	Sep 2018 - Nov 2018	\$50,065.99	\$35,336.51	70.58%
'DEC-16	Dec 2018 - Feb 2019	\$49,387.41	\$33,877.49	68.60%
'DEC-16	Mar 2019 - May 2019	\$45,702.70	\$26,915.86	58.89%
'DEC-16	Jun 2019 - Aug 2019	\$39,871.75	\$15,827.85	39.70%
'DEC-16	Sep 2019 - Nov 2019	\$36,951.81	\$13,040.11	35.29%
'DEC-16	Dec 2019 - Feb 2020	\$32,112.17	\$11,980.08	37.31%
'DEC-16	Mar 2020 - May 2020	\$26,024.85	\$9,078.82	34.89%

HEALTHY MICHIGAN PLAN

MI HEALTH ACCOUNT: JANUARY 2021

Chart 3: Quarterly Collection

Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percentage Collected
'DEC-16	Jun 2020 - Aug 2020	\$27,744.20	\$8,799.85	31.72%
'DEC-16	Sep 2020 - Nov 2020	\$27,742.00	\$7,590.29	27.36%
'JAN-17	Jul 2017 - Sep 2017	\$169,964.54	\$152,767.27	89.88%
'JAN-17	Oct 2017 - Dec 2017	\$126,210.71	\$112,331.46	89.00%
'JAN-17	Jan 2018 - Mar 2018	\$125,390.44	\$110,638.62	88.24%
'JAN-17	Apr 2018 - Jun 2018	\$79,024.71	\$64,489.63	81.61%
'JAN-17	Jul 2018 - Sep 2018	\$68,311.35	\$52,550.42	76.93%
'JAN-17	Oct 2018 - Dec 2018	\$64,908.79	\$47,157.89	72.65%
'JAN-17	Jan 2019 - Mar 2019	\$72,610.51	\$51,180.04	70.49%
'JAN-17	Apr 2019 - Jun 2019	\$65,512.32	\$34,593.66	52.80%
'JAN-17	Jul 2019 - Sep 2019	\$58,786.80	\$24,314.07	41.36%
'JAN-17	Oct 2019 - Dec 2019	\$56,073.24	\$22,231.65	39.65%
'JAN-17	Jan 2020 - Mar 2020	\$41,989.01	\$17,230.22	41.04%
'JAN-17	Apr 2020 - Jun 2020	\$39,167.18	\$16,009.37	40.87%
'JAN-17	Jul 2020 - Sep 2020	\$41,813.81	\$14,971.72	35.81%
'JAN-17	Oct 2020 - Dec 2020	\$38,129.99	\$10,948.28	28.71%
'FEB-17	Aug 2017 - Oct 2017	\$152,791.17	\$139,709.15	91.44%
'FEB-17	Nov 2017 - Jan 2018	\$114,144.25	\$102,954.70	90.20%
'FEB-17	Feb 2018 - Apr 2018	\$104,622.92	\$92,673.66	88.58%
'FEB-17	May 2018 - Jul 2018	\$70,815.40	\$56,759.89	80.15%
'FEB-17	Aug 2018 - Oct 2018	\$61,392.19	\$48,347.87	78.75%
'FEB-17	Nov 2018 - Jan 2019	\$62,744.00	\$47,349.98	75.47%
'FEB-17	Feb 2019 - Apr 2019	\$60,636.44	\$43,584.14	71.88%
'FEB-17	May 2019 - Jul 2019	\$54,139.20	\$25,866.39	47.78%
'FEB-17	Aug 2019 - Oct 2019	\$51,150.17	\$22,820.51	44.61%
'FEB-17	Nov 2019 - Jan 2020	\$45,371.26	\$20,518.11	45.22%
'FEB-17	Feb 2020 - Apr 2020	\$33,801.21	\$14,652.86	43.35%
'FEB-17	May 2020 - Jul 2020	\$31,661.54	\$12,963.48	40.94%
'FEB-17	Aug 2020 - Oct 2020	\$35,012.02	\$13,007.69	37.15%
'FEB-17	Nov 2020 - Jan 2021	\$33,152.62	\$9,524.28	28.73%
'MAR-17	Sep 2017 - Nov 2017	\$165,396.82	\$149,835.73	90.59%
'MAR-17	Dec 2017 - Feb 2018	\$121,280.06	\$109,545.59	90.32%
'MAR-17	Mar 2018 - May 2018	\$110,829.72	\$96,865.31	87.40%
'MAR-17	Jun 2018 - Aug 2018	\$82,313.77	\$66,929.76	81.31%
'MAR-17	Sep 2018 - Nov 2018	\$76,905.95	\$60,169.88	78.24%
'MAR-17	Dec 2018 - Feb 2019	\$68,074.27	\$50,509.49	74.20%
'MAR-17	Mar 2019 - May 2019	\$62,542.54	\$39,959.35	63.89%
'MAR-17	Jun 2019 - Aug 2019	\$58,329.27	\$27,804.32	47.67%
'MAR-17	Sep 2019 - Nov 2019	\$53,566.85	\$24,413.72	45.58%
'MAR-17	Dec 2019 - Feb 2020	\$42,656.63	\$19,899.74	46.65%
'MAR-17	Mar 2020 - May 2020	\$37,508.95	\$17,220.34	45.91%
'MAR-17	Jun 2020 - Aug 2020	\$40,001.54	\$17,456.00	43.64%
'MAR-17	Sep 2020 - Nov 2020	\$38,911.80	\$13,716.85	35.25%
'APR-17	Oct 2017 - Dec 2017	\$213,911.72	\$191,526.50	89.54%
'APR-17	Jan 2018 - Mar 2018	\$169,825.96	\$149,850.84	88.24%
'APR-17	Apr 2018 - Jun 2018	\$103,884.96	\$85,712.30	82.51%
'APR-17	Jul 2018 - Sep 2018	\$89,484.64	\$69,421.41	77.58%
'APR-17	Oct 2018 - Dec 2018	\$87,488.82	\$65,029.71	74.33%
'APR-17	Jan 2019 - Mar 2019	\$91,460.69	\$65,208.15	71.30%

HEALTHY MICHIGAN PLAN

MI HEALTH ACCOUNT: JANUARY 2021

Chart 3: Quarterly Collection

Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percentage Collected
'APR-17	Apr 2019 - Jun 2019	\$84,492.20	\$45,275.25	53.59%
'APR-17	Jul 2019 - Sep 2019	\$79,935.65	\$34,136.85	42.71%
'APR-17	Oct 2019 - Dec 2019	\$77,824.08	\$31,717.73	40.76%
'APR-17	Jan 2020 - Mar 2020	\$59,335.13	\$23,910.55	40.30%
'APR-17	Apr 2020 - Jun 2020	\$53,174.67	\$19,770.37	37.18%
'APR-17	Jul 2020 - Sep 2020	\$54,060.40	\$18,727.23	34.64%
'APR-17	Oct 2020 - Dec 2020	\$51,515.49	\$14,957.42	29.03%
'MAY-17	Nov 2017 - Jan 2018	\$130,571.27	\$117,543.17	90.02%
'MAY-17	Feb 2018 - Apr 2018	\$102,461.38	\$91,448.93	89.25%
'MAY-17	May 2018 - Jul 2018	\$64,774.51	\$52,728.29	81.40%
'MAY-17	Aug 2018 - Oct 2018	\$58,019.41	\$45,544.36	78.50%
'MAY-17	Nov 2018 - Jan 2019	\$60,378.01	\$46,063.21	76.29%
'MAY-17	Feb 2019 - Apr 2019	\$55,665.97	\$40,213.48	72.24%
'MAY-17	May 2019 - Jul 2019	\$47,596.13	\$21,919.01	46.05%
'MAY-17	Aug 2019 - Oct 2019	\$47,856.84	\$20,378.64	42.58%
'MAY-17	Nov 2019 - Jan 2020	\$43,752.51	\$17,792.36	40.67%
'MAY-17	Feb 2020 - Apr 2020	\$31,981.92	\$12,912.66	40.37%
'MAY-17	May 2020 - Jul 2020	\$32,391.35	\$11,769.03	36.33%
'MAY-17	Aug 2020 - Oct 2020	\$33,117.94	\$11,134.09	33.62%
'MAY-17	Nov 2020 - Jan 2021	\$32,462.98	\$8,135.23	25.06%
'JUN-17	Dec 2017 - Feb 2018	\$120,515.33	\$108,629.27	90.14%
'JUN-17	Mar 2018 - May 2018	\$88,475.57	\$76,763.60	86.76%
'JUN-17	Jun 2018 - Aug 2018	\$62,710.02	\$50,237.67	80.11%
'JUN-17	Sep 2018 - Nov 2018	\$63,838.75	\$49,450.62	77.46%
'JUN-17	Dec 2018 - Feb 2019	\$56,731.75	\$42,196.80	74.38%
'JUN-17	Mar 2019 - May 2019	\$48,255.42	\$30,807.48	63.84%
'JUN-17	Jun 2019 - Aug 2019	\$37,785.22	\$16,795.23	44.45%
'JUN-17	Sep 2019 - Nov 2019	\$40,401.58	\$16,111.23	39.88%
'JUN-17	Dec 2019 - Feb 2020	\$35,063.68	\$13,169.32	37.56%
'JUN-17	Mar 2020 - May 2020	\$28,304.42	\$9,691.23	34.24%
'JUN-17	Jun 2020 - Aug 2020	\$29,479.20	\$10,146.18	34.42%
'JUN-17	Sep 2020 - Nov 2020	\$30,388.36	\$8,850.82	29.13%
'JUL-17	Jan 2018 - Mar 2018	\$156,775.93	\$140,751.16	89.78%
'JUL-17	Apr 2018 - Jun 2018	\$62,187.48	\$52,433.38	84.32%
'JUL-17	Jul 2018 - Sep 2018	\$65,817.85	\$53,378.29	81.10%
'JUL-17	Oct 2018 - Dec 2018	\$65,878.11	\$52,188.28	79.22%
'JUL-17	Jan 2019 - Mar 2019	\$69,510.29	\$51,502.67	74.09%
'JUL-17	Apr 2019 - Jun 2019	\$55,711.17	\$29,820.32	53.53%
'JUL-17	Jul 2019 - Sep 2019	\$51,004.67	\$22,389.82	43.90%
'JUL-17	Oct 2019 - Dec 2019	\$50,849.17	\$20,822.75	40.95%
'JUL-17	Jan 2020 - Mar 2020	\$35,474.89	\$13,934.93	39.28%
'JUL-17	Apr 2020 - Jun 2020	\$32,855.46	\$12,550.38	38.20%
'JUL-17	Jul 2020 - Sep 2020	\$35,427.75	\$11,626.66	32.82%
'JUL-17	Oct 2020 - Dec 2020	\$32,233.37	\$8,312.86	25.79%
'AUG-17	Feb 2018 - Apr 2018	\$83,763.19	\$70,485.88	84.15%
'AUG-17	May 2018 - Jul 2018	\$44,448.18	\$36,819.25	82.84%
'AUG-17	Aug 2018 - Oct 2018	\$44,215.35	\$36,576.77	82.72%
'AUG-17	Nov 2018 - Jan 2019	\$46,785.85	\$36,681.81	78.40%
'AUG-17	Feb 2019 - Apr 2019	\$42,625.78	\$32,086.92	75.28%

HEALTHY MICHIGAN PLAN

MI HEALTH ACCOUNT: JANUARY 2021

Chart 3: Quarterly Collection

Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percentage Collected
'AUG-17	May 2019 - Jul 2019	\$30,673.47	\$13,189.28	43.00%
'AUG-17	Aug 2019 - Oct 2019	\$32,582.93	\$13,587.75	41.70%
'AUG-17	Nov 2019 - Jan 2020	\$30,226.19	\$12,104.54	40.05%
'AUG-17	Feb 2020 - Apr 2020	\$22,309.15	\$8,802.18	39.46%
'AUG-17	May 2020 - Jul 2020	\$21,444.99	\$7,970.75	37.17%
'AUG-17	Aug 2020 - Oct 2020	\$23,134.19	\$6,888.21	29.78%
'AUG-17	Nov 2020 - Jan 2021	\$22,402.33	\$5,348.86	23.88%
'SEP-17	Mar 2018 - May 2018	\$91,461.16	\$76,422.29	83.56%
'SEP-17	Jun 2018 - Aug 2018	\$55,625.69	\$44,370.37	79.77%
'SEP-17	Sep 2018 - Nov 2018	\$57,926.09	\$45,019.12	77.72%
'SEP-17	Dec 2018 - Feb 2019	\$57,196.02	\$43,234.74	75.59%
'SEP-17	Mar 2019 - May 2019	\$51,203.45	\$32,989.97	64.43%
'SEP-17	Jun 2019 - Aug 2019	\$37,666.99	\$16,867.58	44.78%
'SEP-17	Sep 2019 - Nov 2019	\$37,332.45	\$15,904.34	42.60%
'SEP-17	Dec 2019 - Feb 2020	\$33,569.73	\$13,548.64	40.36%
'SEP-17	Mar 2020 - May 2020	\$27,950.79	\$10,663.69	38.15%
'SEP-17	Jun 2020 - Aug 2020	\$28,038.71	\$9,852.30	35.14%
'SEP-17	Sep 2020 - Nov 2020	\$28,672.87	\$8,766.78	30.58%
'OCT-17	Apr 2018 - Jun 2018	\$75,375.44	\$60,690.97	80.52%
'OCT-17	Jul 2018 - Sep 2018	\$59,270.64	\$46,287.40	78.09%
'OCT-17	Oct 2018 - Dec 2018	\$72,122.40	\$55,374.71	76.78%
'OCT-17	Jan 2019 - Mar 2019	\$77,615.90	\$56,610.95	72.94%
'OCT-17	Apr 2019 - Jun 2019	\$67,397.35	\$34,558.86	51.28%
'OCT-17	Jul 2019 - Sep 2019	\$59,123.55	\$21,406.08	36.21%
'OCT-17	Oct 2019 - Dec 2019	\$61,272.75	\$20,780.61	33.91%
'OCT-17	Jan 2020 - Mar 2020	\$46,095.01	\$15,268.25	33.12%
'OCT-17	Apr 2020 - Jun 2020	\$41,324.93	\$12,450.40	30.13%
'OCT-17	Jul 2020 - Sep 2020	\$42,272.06	\$11,086.46	26.23%
'OCT-17	Oct 2020 - Dec 2020	\$39,817.31	\$9,257.49	23.25%
'NOV-17	May 2018 - Jul 2018	\$74,996.79	\$60,787.54	81.05%
'NOV-17	Aug 2018 - Oct 2018	\$58,188.18	\$46,673.78	80.21%
'NOV-17	Nov 2018 - Jan 2019	\$69,831.81	\$54,327.52	77.80%
'NOV-17	Feb 2019 - Apr 2019	\$67,321.91	\$48,516.32	72.07%
'NOV-17	May 2019 - Jul 2019	\$54,260.01	\$23,177.94	42.72%
'NOV-17	Aug 2019 - Oct 2019	\$50,279.32	\$19,452.83	38.69%
'NOV-17	Nov 2019 - Jan 2020	\$48,518.92	\$19,579.84	40.36%
'NOV-17	Feb 2020 - Apr 2020	\$36,697.80	\$13,740.47	37.44%
'NOV-17	May 2020 - Jul 2020	\$35,024.38	\$11,919.84	34.03%
'NOV-17	Aug 2020 - Oct 2020	\$36,140.15	\$10,021.95	27.73%
'NOV-17	Nov 2020 - Jan 2021	\$36,639.08	\$7,448.61	20.33%
'DEC-17	Jun 2018 - Aug 2018	\$81,920.78	\$64,873.25	79.19%
'DEC-17	Sep 2018 - Nov 2018	\$66,453.21	\$51,836.50	78.00%
'DEC-17	Dec 2018 - Feb 2019	\$69,509.02	\$52,379.66	75.36%
'DEC-17	Mar 2019 - May 2019	\$66,950.20	\$40,965.23	61.19%
'DEC-17	Jun 2019 - Aug 2019	\$60,875.71	\$22,142.60	36.37%
'DEC-17	Sep 2019 - Nov 2019	\$56,838.45	\$19,405.97	34.14%
'DEC-17	Dec 2019 - Feb 2020	\$48,940.71	\$17,158.26	35.06%
'DEC-17	Mar 2020 - May 2020	\$40,232.87	\$13,471.07	33.48%
'DEC-17	Jun 2020 - Aug 2020	\$41,456.25	\$12,884.26	31.08%

HEALTHY MICHIGAN PLAN

MI HEALTH ACCOUNT: JANUARY 2021

Chart 3: Quarterly Collection

Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percentage Collected
'DEC-17	Sep 2020 - Nov 2020	\$41,271.72	\$10,211.11	24.74%
'JAN-18	Jul 2018 - Sep 2018	\$89,127.83	\$74,193.29	83.24%
'JAN-18	Oct 2018 - Dec 2018	\$83,970.97	\$67,276.41	80.12%
'JAN-18	Jan 2019 - Mar 2019	\$94,248.92	\$73,429.12	77.91%
'JAN-18	Apr 2019 - Jun 2019	\$86,798.65	\$51,086.88	58.86%
'JAN-18	Jul 2019 - Sep 2019	\$79,440.57	\$37,442.44	47.13%
'JAN-18	Oct 2019 - Dec 2019	\$73,449.38	\$30,418.56	41.41%
'JAN-18	Jan 2020 - Mar 2020	\$57,913.95	\$23,440.63	40.47%
'JAN-18	Apr 2020 - Jun 2020	\$54,615.16	\$20,908.60	38.28%
'JAN-18	Jul 2020 - Sep 2020	\$56,143.53	\$18,806.80	33.50%
'JAN-18	Oct 2020 - Dec 2020	\$53,069.71	\$14,670.91	27.64%
'FEB-18	Aug 2018 - Oct 2018	\$64,320.06	\$55,791.43	86.74%
'FEB-18	Nov 2018 - Jan 2019	\$60,541.63	\$50,287.98	83.06%
'FEB-18	Feb 2019 - Apr 2019	\$61,023.01	\$48,705.42	79.81%
'FEB-18	May 2019 - Jul 2019	\$52,892.05	\$30,535.02	57.73%
'FEB-18	Aug 2019 - Oct 2019	\$49,052.85	\$26,014.61	53.03%
'FEB-18	Nov 2019 - Jan 2020	\$40,732.66	\$20,113.32	49.38%
'FEB-18	Feb 2020 - Apr 2020	\$34,205.30	\$16,119.45	47.13%
'FEB-18	May 2020 - Jul 2020	\$32,603.99	\$14,521.32	44.54%
'FEB-18	Aug 2020 - Oct 2020	\$33,358.90	\$13,134.09	39.37%
'FEB-18	Nov 2020 - Jan 2021	\$33,039.88	\$10,534.16	31.88%
'MAR-18	Sep 2018 - Nov 2018	\$65,486.40	\$54,207.57	82.78%
'MAR-18	Dec 2018 - Feb 2019	\$55,627.87	\$45,174.14	81.21%
'MAR-18	Mar 2019 - May 2019	\$56,886.88	\$40,166.63	70.61%
'MAR-18	Jun 2019 - Aug 2019	\$48,162.85	\$24,694.80	51.27%
'MAR-18	Sep 2019 - Nov 2019	\$47,428.86	\$20,924.74	44.12%
'MAR-18	Dec 2019 - Feb 2020	\$36,742.39	\$15,134.54	41.19%
'MAR-18	Mar 2020 - May 2020	\$32,486.32	\$14,180.77	43.65%
'MAR-18	Jun 2020 - Aug 2020	\$33,159.74	\$12,640.36	38.12%
'MAR-18	Sep 2020 - Nov 2020	\$32,595.43	\$10,066.28	30.88%
'APR-18	Oct 2018 - Dec 2018	\$105,287.81	\$88,215.02	83.78%
'APR-18	Jan 2019 - Mar 2019	\$99,854.29	\$81,201.00	81.32%
'APR-18	Apr 2019 - Jun 2019	\$97,349.91	\$61,183.59	62.85%
'APR-18	Jul 2019 - Sep 2019	\$87,978.92	\$43,953.52	49.96%
'APR-18	Oct 2019 - Dec 2019	\$79,591.23	\$36,034.36	45.27%
'APR-18	Jan 2020 - Mar 2020	\$58,677.21	\$25,002.23	42.61%
'APR-18	Apr 2020 - Jun 2020	\$57,686.12	\$23,811.41	41.28%
'APR-18	Jul 2020 - Sep 2020	\$60,184.91	\$20,945.85	34.80%
'APR-18	Oct 2020 - Dec 2020	\$55,781.22	\$15,984.63	28.66%
'MAY-18	Nov 2018 - Jan 2019	\$169,022.13	\$127,323.98	75.33%
'MAY-18	Feb 2019 - Apr 2019	\$153,018.22	\$105,568.69	68.99%
'MAY-18	May 2019 - Jul 2019	\$141,078.66	\$59,002.49	41.82%
'MAY-18	Aug 2019 - Oct 2019	\$140,184.02	\$49,946.51	35.63%
'MAY-18	Nov 2019 - Jan 2020	\$120,135.17	\$37,842.52	31.50%
'MAY-18	Feb 2020 - Apr 2020	\$87,042.16	\$25,270.01	29.03%
'MAY-18	May 2020 - Jul 2020	\$89,573.80	\$24,989.78	27.90%
'MAY-18	Aug 2020 - Oct 2020	\$94,845.44	\$21,800.07	22.98%
'MAY-18	Nov 2020 - Jan 2021	\$92,055.50	\$16,252.15	17.65%
'JUN-18	Dec 2018 - Feb 2019	\$82,059.48	\$65,746.06	80.12%

HEALTHY MICHIGAN PLAN

MI HEALTH ACCOUNT: JANUARY 2021

Chart 3: Quarterly Collection

Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percentage Collected
'JUN-18	Mar 2019 - May 2019	\$68,757.26	\$45,902.74	66.76%
'JUN-18	Jun 2019 - Aug 2019	\$61,712.81	\$29,001.51	46.99%
'JUN-18	Sep 2019 - Nov 2019	\$64,557.55	\$26,260.58	40.68%
'JUN-18	Dec 2019 - Feb 2020	\$51,913.89	\$17,925.44	34.53%
'JUN-18	Mar 2020 - May 2020	\$43,877.32	\$13,881.39	31.64%
'JUN-18	Jun 2020 - Aug 2020	\$50,155.73	\$15,602.96	31.11%
'JUN-18	Sep 2020 - Nov 2020	\$47,577.82	\$11,709.04	24.61%
'JUL-18	Jan 2019 - Mar 2019	\$107,460.86	\$82,677.17	76.94%
'JUL-18	Apr 2019 - Jun 2019	\$87,073.48	\$50,185.44	57.64%
'JUL-18	Jul 2019 - Sep 2019	\$88,486.25	\$39,264.40	44.37%
'JUL-18	Oct 2019 - Dec 2019	\$84,870.42	\$33,522.78	39.50%
'JUL-18	Jan 2020 - Mar 2020	\$60,815.97	\$21,827.64	35.89%
'JUL-18	Apr 2020 - Jun 2020	\$55,114.96	\$17,677.92	32.07%
'JUL-18	Jul 2020 - Sep 2020	\$62,894.65	\$18,927.03	30.09%
'JUL-18	Oct 2020 - Dec 2020	\$55,928.83	\$13,574.26	24.27%
'AUG-18	Feb 2019 - Apr 2019	\$71,272.79	\$40,616.47	56.99%
'AUG-18	May 2019 - Jul 2019	\$55,313.78	\$24,831.60	44.89%
'AUG-18	Aug 2019 - Oct 2019	\$56,258.10	\$23,918.98	42.52%
'AUG-18	Nov 2019 - Jan 2020	\$53,557.83	\$19,906.41	37.17%
'AUG-18	Feb 2020 - Apr 2020	\$38,019.70	\$12,937.05	34.03%
'AUG-18	May 2020 - Jul 2020	\$35,350.09	\$10,352.49	29.29%
'AUG-18	Aug 2020 - Oct 2020	\$40,678.11	\$10,226.92	25.14%
'AUG-18	Nov 2020 - Jan 2021	\$39,151.78	\$6,982.71	17.83%
'SEP-18	Mar 2019 - May 2019	\$102,911.68	\$53,323.11	51.81%
'SEP-18	Jun 2019 - Aug 2019	\$77,544.57	\$34,127.46	44.01%
'SEP-18	Sep 2019 - Nov 2019	\$84,032.52	\$32,461.94	38.63%
'SEP-18	Dec 2019 - Feb 2020	\$73,246.64	\$25,576.24	34.92%
'SEP-18	Mar 2020 - May 2020	\$59,311.26	\$18,501.70	31.19%
'SEP-18	Jun 2020 - Aug 2020	\$60,045.61	\$17,544.85	29.22%
'SEP-18	Sep 2020 - Nov 2020	\$60,579.32	\$14,115.08	23.30%
'OCT-18	Apr 2019 - Jun 2019	\$84,232.64	\$41,676.93	49.48%
'OCT-18	Jul 2019 - Sep 2019	\$68,628.47	\$29,927.32	43.61%
'OCT-18	Oct 2019 - Dec 2019	\$73,324.00	\$28,010.25	38.20%
'OCT-18	Jan 2020 - Mar 2020	\$53,573.41	\$19,134.13	35.72%
'OCT-18	Apr 2020 - Jun 2020	\$47,327.31	\$15,345.30	32.42%
'OCT-18	Jul 2020 - Sep 2020	\$51,488.33	\$13,308.91	25.85%
'OCT-18	Oct 2020 - Dec 2020	\$51,787.48	\$12,253.21	23.66%
'NOV-18	May 2019 - Jul 2019	\$79,758.73	\$38,665.97	48.48%
'NOV-18	Aug 2019 - Oct 2019	\$68,605.94	\$29,762.59	43.38%
'NOV-18	Nov 2019 - Jan 2020	\$66,978.06	\$26,879.62	40.13%
'NOV-18	Feb 2020 - Apr 2020	\$49,754.28	\$18,829.52	37.85%
'NOV-18	May 2020 - Jul 2020	\$48,251.40	\$14,624.61	30.31%
'NOV-18	Aug 2020 - Oct 2020	\$49,076.74	\$12,251.99	24.96%
'NOV-18	Nov 2020 - Jan 2021	\$50,942.02	\$10,459.70	20.53%
'DEC-18	Jun 2019 - Aug 2019	\$88,443.85	\$39,691.04	44.88%
'DEC-18	Sep 2019 - Nov 2019	\$72,229.00	\$29,021.27	40.18%
'DEC-18	Dec 2019 - Feb 2020	\$67,306.82	\$24,359.00	36.19%
'DEC-18	Mar 2020 - May 2020	\$57,537.55	\$20,261.66	35.21%
'DEC-18	Jun 2020 - Aug 2020	\$60,893.17	\$18,434.72	30.27%

HEALTHY MICHIGAN PLAN

MI HEALTH ACCOUNT: JANUARY 2021

Chart 3: Quarterly Collection

Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percentage Collected
'DEC-18	Sep 2020 - Nov 2020	\$59,764.90	\$14,050.10	23.51%
'JAN-19	Jul 2019 - Sep 2019	\$88,257.90	\$41,530.85	47.06%
'JAN-19	Oct 2019 - Dec 2019	\$76,695.53	\$31,439.99	40.99%
'JAN-19	Jan 2020 - Mar 2020	\$63,489.38	\$23,823.52	37.52%
'JAN-19	Apr 2020 - Jun 2020	\$56,585.75	\$18,092.43	31.97%
'JAN-19	Jul 2020 - Sep 2020	\$59,488.17	\$15,684.62	26.37%
'JAN-19	Oct 2020 - Dec 2020	\$56,223.13	\$11,939.76	21.24%
'FEB-19	Aug 2019 - Oct 2019	\$128,315.45	\$67,218.42	52.39%
'FEB-19	Nov 2019 - Jan 2020	\$99,514.84	\$45,907.73	46.13%
'FEB-19	Feb 2020 - Apr 2020	\$81,133.22	\$35,131.45	43.30%
'FEB-19	May 2020 - Jul 2020	\$82,085.71	\$31,495.97	38.37%
'FEB-19	Aug 2020 - Oct 2020	\$86,644.09	\$26,804.03	30.94%
'FEB-19	Nov 2020 - Jan 2021	\$84,267.73	\$19,033.54	22.59%
'MAR-19	Sep 2019 - Nov 2019	\$107,584.37	\$53,405.65	49.64%
'MAR-19	Dec 2019 - Feb 2020	\$74,905.92	\$32,737.97	43.71%
'MAR-19	Mar 2020 - May 2020	\$69,421.82	\$28,733.75	41.39%
'MAR-19	Jun 2020 - Aug 2020	\$74,848.69	\$26,661.05	35.62%
'MAR-19	Sep 2020 - Nov 2020	\$73,860.91	\$20,909.89	28.31%
'APR-19	Oct 2019 - Dec 2019	\$134,546.20	\$62,187.92	46.22%
'APR-19	Jan 2020 - Mar 2020	\$88,068.16	\$38,482.99	43.70%
'APR-19	Apr 2020 - Jun 2020	\$92,680.43	\$35,875.88	38.71%
'APR-19	Jul 2020 - Sep 2020	\$96,626.73	\$29,442.07	30.47%
'APR-19	Oct 2020 - Dec 2020	\$90,003.37	\$20,517.96	22.80%
'MAY-19	Nov 2019 - Jan 2020	\$117,383.06	\$54,043.77	46.04%
'MAY-19	Feb 2020 - Apr 2020	\$76,132.14	\$32,052.19	42.10%
'MAY-19	May 2020 - Jul 2020	\$83,289.02	\$30,365.41	36.46%
'MAY-19	Aug 2020 - Oct 2020	\$91,925.64	\$25,900.52	28.18%
'MAY-19	Nov 2020 - Jan 2021	\$89,107.51	\$17,615.89	19.77%
'JUN-19	Dec 2019 - Feb 2020	\$108,110.84	\$47,770.08	44.19%
'JUN-19	Mar 2020 - May 2020	\$80,661.93	\$32,268.77	40.00%
'JUN-19	Jun 2020 - Aug 2020	\$101,427.90	\$34,790.94	34.30%
'JUN-19	Sep 2020 - Nov 2020	\$99,453.87	\$26,611.16	26.76%
'JUL-19	Jan 2020 - Mar 2020	\$123,462.64	\$53,472.82	43.31%
'JUL-19	Apr 2020 - Jun 2020	\$107,318.55	\$42,289.68	39.41%
'JUL-19	Jul 2020 - Sep 2020	\$134,185.34	\$41,101.56	30.63%
'JUL-19	Oct 2020 - Dec 2020	\$123,143.59	\$28,201.14	22.90%
'AUG-19	Feb 2020 - Apr 2020	\$93,317.87	\$36,515.84	39.13%
'AUG-19	May 2020 - Jul 2020	\$88,686.73	\$31,972.86	36.05%
'AUG-19	Aug 2020 - Oct 2020	\$110,597.91	\$30,300.17	27.40%
'AUG-19	Nov 2020 - Jan 2021	\$106,981.04	\$20,852.21	19.49%
'SEP-19	Mar 2020 - May 2020	\$113,218.82	\$42,798.84	37.80%
'SEP-19	Jun 2020 - Aug 2020	\$113,586.56	\$36,906.87	32.49%
'SEP-19	Sep 2020 - Nov 2020	\$133,405.66	\$33,348.22	25.00%
'OCT-19	Apr 2020 - Jun 2020	\$109,826.41	\$41,344.77	37.65%
'OCT-19	Jul 2020 - Sep 2020	\$116,998.75	\$35,304.59	30.18%
'OCT-19	Oct 2020 - Dec 2020	\$119,257.15	\$26,957.02	22.60%
'NOV-19	May 2020 - Jul 2020	\$106,572.52	\$39,017.16	36.61%
'NOV-19	Aug 2020 - Oct 2020	\$118,077.03	\$33,109.96	28.04%
'NOV-19	Nov 2020 - Jan 2021	\$122,969.94	\$24,027.70	19.54%

HEALTHY MICHIGAN PLAN

MI HEALTH ACCOUNT: JANUARY 2021

Chart 3: Quarterly Collection

Enrollment Month	Quarterly Pay Cycles	Amount Owed	Amount Collected	Percentage Collected
'DEC-19	Jun 2020 - Aug 2020	\$147,064.98	\$51,962.33	35.33%
'DEC-19	Sep 2020 - Nov 2020	\$145,098.50	\$40,494.20	27.91%
'JAN-20	Jul 2020 - Sep 2020	\$162,643.86	\$55,597.59	34.18%
'JAN-20	Oct 2020 - Dec 2020	\$143,430.38	\$40,447.09	28.20%
'FEB-20	Aug 2020 - Oct 2020	\$194,525.66	\$70,568.38	36.28%
'FEB-20	Nov 2020 - Jan 2021	\$177,324.11	\$49,911.00	28.15%
'MAR-20	Sep 2020 - Nov 2020	\$176,750.60	\$57,990.64	32.81%
'APR-20	Oct 2020 - Dec 2020	\$167,993.85	\$41,763.42	24.86%
'MAY-20	Nov 2020 - Jan 2021	\$176,439.55	\$39,367.96	22.31%

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: JANUARY 2021

Payments for the MIHA can be made one of three ways. Beneficiaries can mail a check or money order to the MIHA payment address. The payment coupon is not required to send in a payment by mail. Beneficiaries also have two options to pay online. They can send an electronic payment using their bank account, or they can send a credit/debit card payment. Credit/debit card payments started in April 2020.

Chart 4 displays a three month history of the percentage of payments made into the MIHA.

Chart 4: Methods of Payment			
	Aug-20	Sep-20	Oct-20
Percent Paid Online (Bank Account)	12.31%	12.34%	12.81%
Percent Paid Online (Credit/Debit Card)	29.52%	30.17%	32.85%
Percent Paid by Mail	58.17%	57.49%	54.34%

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: JANUARY 2021

Adjustment Activities

Beneficiaries are not required to pay co-pays and/or contributions when specific criteria are met. In these cases, an adjustment is made to the beneficiary's quarterly statement.

This includes populations that are exempt; beneficiaries that are under age 21, pregnant, in hospice and Native American beneficiaries. It also includes beneficiaries who were not otherwise exempt, but have met their five percent maximum cost share and beneficiaries whose Federal Poverty Level is no longer in a range that requires a contribution.

Chart 5A shows the number of beneficiaries that met these adjustments for the specified month. Calendar year totals are through October 2020 and the cumulative program totals are from October 2014 through October 2020.

Chart 5A: Adjustment Activities						
	Aug-20		Sep-20		Oct-20	
	#	Total \$	#	Total \$	#	Total \$
Five Percent Cost Share Limit Met	12,947	\$106,304.05	12,885	\$126,926.73	13,071	\$87,044.30
Beneficiary is under age 21	718	\$46,104.00	706	\$46,965.00	650	\$42,609.00
Pregnancy	687	\$24,082.74	739	\$28,200.67	781	\$28,376.93
Native American	47	\$3,381.00	43	\$3,002.00	48	\$3,387.00
FPL No longer >100% - Contribution	0	\$0.00	0	\$0.00	0	\$0.00
Hospice	0	\$0.00	0	\$0.00	0	\$0.00
TOTAL	14,399	\$179,871.79	14,373	\$205,094.40	14,550	\$161,417.23
	Aug-20 to Oct-20		Calendar YTD		Program YTD	
	#	Total \$	#	Total \$	#	Total \$
Five Percent Cost Share Limit Met	38,903	\$320,275.08	165,227	\$1,524,559.97	2,011,450	\$21,273,752.68
Beneficiary is under age 21	2,074	\$135,678.00	6,795	\$443,035.00	39,010	\$2,369,072.29
Pregnancy	2,207	\$80,660.34	5,792	\$202,579.86	19,826	\$559,385.76
Native American	138	\$9,770.00	442	\$30,520.00	1,957	\$145,272.01
FPL No longer >100% - Contribution	0	\$0.00	0	\$0.00	323	\$12,500.19
Hospice	0	\$0.00	5	\$155.46	11	\$364.46
TOTAL	43,322	\$546,383.42	178,261	\$2,200,850.29	2,072,577	\$24,360,347.39

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: JANUARY 2021

Healthy Behavior Incentives

Beneficiaries may qualify for reductions in co-pays and/or contributions due to Healthy Behavior incentives. All health plans offer enrolled beneficiaries financial incentives that reward healthy behaviors and personal responsibility. To be eligible for incentives a beneficiary must complete a health risk assessment (HRA) with attestation and agree to address or maintain health behaviors. Additional mechanisms to document healthy behaviors were added April 1, 2018 for individuals who may have completed healthy behavior activities but do not have a submitted Health Risk Assessment for documentation. The mechanisms include claims/encounter review for beneficiaries who receive preventive or wellness services as well as documented participation in approved wellness and population health management programs.

Co-pays – Beneficiaries can receive a 50% reduction in co-pays once they have paid 2% of their income in co-pays if they agree to address or maintain healthy behaviors.

Contributions - Beneficiaries above 100% FPL can receive a 50% reduction in contributions if they complete a healthy behavior. Individuals will have their monthly contribution waived in its entirety if they complete an annual healthy behavior on time each year over 2 or more years

Chart 5B shows the number of beneficiaries that qualified for a reduction in co-pays and/or contributions due to Healthy Behavior incentives for the specified month. Calendar year totals are through October 2020 and the cumulative program totals are from October 2014 through October 2020.

Chart 5B: Healthy Behaviors						
	Aug-20		Sep-20		Oct-20	
	#	Total \$	#	Total \$	#	Total \$
Co-pay	2,626	\$10,824.39	2,378	\$9,602.22	2,664	\$10,681.73
Contribution	7,394	\$320,144.50	7,486	\$326,380.00	7,934	\$348,479.50
TOTAL	10,020	\$330,968.89	9,864	\$335,982.22	10,598	\$359,161.23
	July 20 to Sept 20		Calendar YTD		Program YTD	
	#	Total \$	#	Total \$	#	Total \$
Co-pay	7,668	\$31,108.34	28,756	\$131,943.88	161,565	\$853,706.03
Contribution	22,814	\$995,004.00	72,232	\$3,165,456.00	322,244	\$12,358,667.27
TOTAL	30,482	\$1,026,112.34	100,988	\$3,297,399.88	483,809	\$13,212,373.30

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: JANUARY 2021

Typically, beneficiaries will pay a co-pay for the following services:

- Some Physician Office Visits (including free standing Urgent Care Centers)
- Outpatient Hospital Clinic Visit
- Outpatient Non-Emergent ER Visit (co-pay not required for emergency services)
- Inpatient Hospital Stay (co-pay not required for emergency admissions)
- Pharmacy (brand name and generic)
- Vision Services
- Dental Visits
- Chiropractic Visits
- Hearing Aids
- Podiatric Visits

If a beneficiary receives any of the above services for a chronic condition, the co-pay will be waived and the beneficiary will not be billed. This promotes greater access to high value services that prevent the progression of and complications related to chronic disease.

Chart 6 shows the number of beneficiaries whose co-pays were waived and the dollar amount waived due to receiving services for chronic conditions. Co-pay adjustments for high value services are processed quarterly based on the beneficiaries' individual enrollment and statement cycles.

Chart 6: Waived Copays for High Value Services		
Month	# of Beneficiaries with Copays Waived	Total Dollar Amount Waived
Aug-20	63,112	\$657,550
Sep-20	66,196	\$718,767
Oct-20	71,726	\$773,463
Calendar YTD	640,701	\$6,788,607
Program Total	2,984,802	\$30,597,039

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: JANUARY 2021

Beneficiaries who do not pay three consecutive months they have been billed co-pays or contributions or who have not paid at least 50% of the total billed amount in the past 12 months, are considered “consistently failing to pay (CFP)” status. Once a beneficiary is in CFP status, the following language is added to the quarterly statement: “If your account is overdue, you may have a penalty. For example, if you have a healthy behavior reduction, you could lose it. Your information may also be sent to the Michigan Department of Treasury. They can take your overdue amount from your tax refund or future lottery winnings. Your doctor cannot refuse to see you because of an overdue amount.” Beneficiaries that are in CFP status and have a total amount owed of at least \$50 can be referred to the Department of Treasury for collection.

Chart 7 displays the past due collection history and the number of beneficiaries that have past due balances that can be collected through the Department of Treasury. These numbers are cumulative from quarter to quarter.

Chart 7: Past Due Collection Amounts		
Month	# of Beneficiaries with Past Due Co-pays/Contributions	# of Beneficiaries with Past Due Co-pays/Contributions that Can be Sent to Treasury
Aug-20	263,749	63,166
Sep-20	265,845	62,811
Oct-20	267,779	64,206

Chart 8 displays the total amount of past due invoices according to the length of time the invoice has been outstanding. Each length of time displays the unique number of beneficiaries for that time period. The total number of delinquent beneficiaries is also listed along with the corresponding delinquent amount owed.

Chart 8: Delinquent Copay and Contribution Amounts by Aging Category						
Days	0-30 Days	31-60 Days	61-90 Days	91-120 Days	>120 Days	TOTAL
Amount Due	\$1,143,054.36	\$995,791.35	\$919,796.24	\$866,840.86	\$15,092,729.94	\$19,018,212.75
Number of Beneficiaries That Owe	75,359	63,772	59,168	56,889	266,784	299,999

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: JANUARY 2021

Beneficiaries are mailed a letter that informs them of the amount that could be collected by the Department of Treasury. This pre-offset notice is mailed each year in July. Beneficiaries are given 30 days from the date of the letter to make a payment or file a dispute with the Department of Health and Human Services (DHHS) for the amount owed. DHHS did not mail pre-offset letters in July 2020, and beneficiaries will not be referred to Treasury for tax offset in 2020 due to the COVID-19 pandemic. Chart 9 displays the beneficiary payment activity as a result of the pre-offset notice.

Chart 9: Pre-Offset Notices				
Month/Year	# of Beneficiaries that Received an Offset Notice	Total Amount Owed	# of Beneficiaries that Paid Following Pre-Offset Notice	Total Amount Collected
Jul-15	5,893	\$589,770.20	2,981	\$78,670.02
Jul-16	41,460	\$5,108,153.13	3,832	\$404,921.47
Jul-17	68,201	\$10,049,454.41	19,071	\$2,339,095.79
Jul-18	90,926	\$15,763,446.50	35,707	\$5,043,101.21
Jul-19	61,178	\$12,687,215.47	28,006	\$4,605,659.47
Calendar YTD	61,178	\$12,687,215.47	28,006	\$4,605,659.47
Program Total	267,658	\$44,198,039.71	89,597	\$12,471,447.96

Beneficiaries are referred to the Department of Treasury each year in November for income tax refund or lottery winnings offset if they still owe at least \$50 following the pre-offset notice. Chart 10 displays the number of beneficiaries that were referred to Treasury.

Chart 10: Offsets Sent to Treasury		
Month	# of Beneficiaries Sent to Treasury for Collection	Total Amount Sent to Treasury for Collection
Nov-15	4,635	\$460,231.19
Nov-16	31,932	\$3,946,091.28
Nov-17	49,857	\$7,178,042.86
Nov-18	73,944	\$12,549,788.93
Nov-19	45,952	\$9,095,913.40
Nov-20	N/A*	N/A*

*Offsets were not sent to Treasury in November 2020 due to the COVID-19 public health emergency.

HEALTHY MICHIGAN PLAN MI HEALTH ACCOUNT: JANUARY 2021

The Department of Treasury may offset tax refunds or lottery winnings up to the amount referred to them from the MI Health Account.

Chart 11 displays collection activities by the Department of Treasury. Offsets shown in 2021 reflect funds intercepted by Treasury in 2020 that did not finish processing until early 2021. MDHHS did not submit offsets to be processed in calendar year 2021.

Chart 11: Collected by Treasury						
Tax Year	Collected by Taxes		Collected by Lottery		Total Collected	
	#	Total	#	Total	#	Total
2016	2,151	\$207,873.10	7	\$485.67	2,158	\$208,358.77
2017	19,401	\$2,186,302.74	68	\$7,926.14	19,469	\$2,194,228.88
2018	26,894	\$3,328,649.31	99	\$15,008.57	26,993	\$3,343,657.88
2019	36,283	\$5,034,627.31	136	\$21,717.35	36,419	\$5,056,344.66
2020	21,916	\$3,312,615.27	122	\$21,493.66	22,038	\$3,334,108.93
2021	0	\$0.00	8	\$1,337.67	8	\$1,337.67
Calendar YTD	0	\$0.00	8	\$1,337.67	8	\$1,337.67
Program Total	106,645	\$14,070,067.73	440	\$67,969.06	107,085	\$14,138,036.79

Medical Services Administration
Bureau of Medicaid Care Management and Customer Service

PERFORMANCE MONITORING REPORT

Healthy Michigan Plan Measures

Composite – All Plans



January 2021

Produced by:
Quality Improvement and Program Development – Managed Care Plan Division

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Performance Monitoring Report

Executive Summary

This Performance Monitoring Report (PMR) is produced by the Quality Improvement and Program Development (QIPD) Section of the Managed Care Plan Division (MCPD) to track quality, access, and utilization in the Michigan Medicaid program to better support high quality care for beneficiaries.

The Michigan Department of Health and Human Services (MDHHS) monitors the performance of the State's Medicaid Health Plans (MHPs) through 30 key performance measures aimed at improving the quality and efficiency of health care services provided to the Michigan residents enrolled in a Medicaid program. These measures include MDHHS Administrative Measures; Healthy Michigan Plan (HMP) Measures; MDHHS Dental Measures; CMS Core Set Measures; Health Equity HEDIS Measures; HEDIS Measures and Managed Care Quality Measures. **This report focuses only on the following HMP Measures:**

Healthy Michigan Plan (HMP) Measures				
<i>Adults' Generic Drug Utilization</i>	<i>Completion of Annual HRA</i>	<i>Outreach & Engagement to Facilitate Entry to PCP</i>	<i>Transition into Consistently Fail to Pay (CFP) Status</i>	<i>Transition out of Consistently Fail to Pay (CFP) Status</i>

Data for these measures are represented on a quarterly basis. The body of the report contains a cross-plan analysis of the most current data available for each of these measures. Measurement Periods may vary and are based on the specifications for that individual measure. Appendix A contains specific three letter codes identifying each of the MHPs. Appendix B contains the one-year plan specific analysis for each measure.

MHPs are contractually obligated to achieve specified standards for most measures. The following table displays the number of MHPs meeting or exceeding the standards for the performance measure versus total MHPs, as reported in the Performance Monitoring Report, during the listed quarter for fiscal year 2021 unless otherwise noted.

Table 1: Fiscal Year 2021

Quarterly Reported Measures	Reported in 1 st Quarter		Reported in 2 nd Quarter		Reported in 3 rd Quarter		Reported in 4 th Quarter	
Adults' Generic Drug Utilization	N/A							
Completion of Annual HRA	N/A							
Outreach & Engagement to Facilitate Entry to PCP	N/A							
	> 100% FPL	≤100% FPL	> 100% FPL	≤100% FPL	> 100% FPL	≤100% FPL	> 100% FPL	≤100% FPL
Transition into CFP Status – Cohort 1	N/A	N/A						
Transition into CFP Status – Cohort 2	N/A	N/A						
Transition into CFP Status – Cohort 3	N/A	N/A						
Transition out of CFP Status – Cohort 1	N/A	N/A						
Transition out of CFP Status – Cohort 2	N/A	N/A						
Transition out of CFP Status – Cohort 3	N/A	N/A						

Healthy Michigan Plan Enrollment

Michigan Medicaid Managed Care (HMP-MC) enrollment has increased over the past year. In December 2020, enrollment was 688,546, up 158,087 enrollees (29.8%) from January 2020. An increase of 7,813 enrollees (1.1%) was realized between November 2020 and December 2020.

Figure 1: HMP-MC Enrollment, January 2020 – December 2020

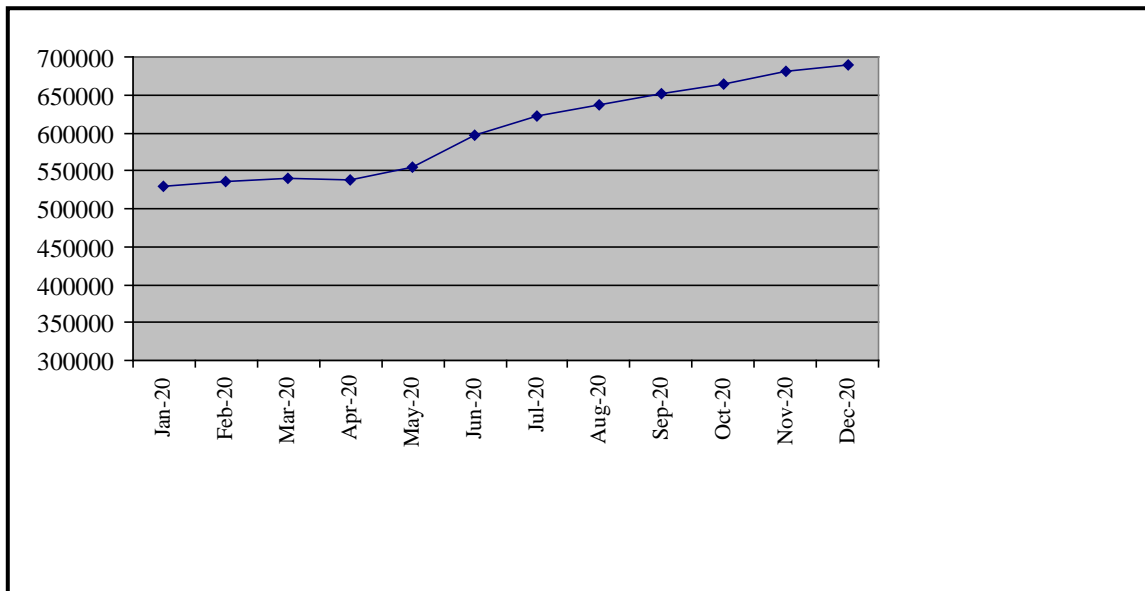
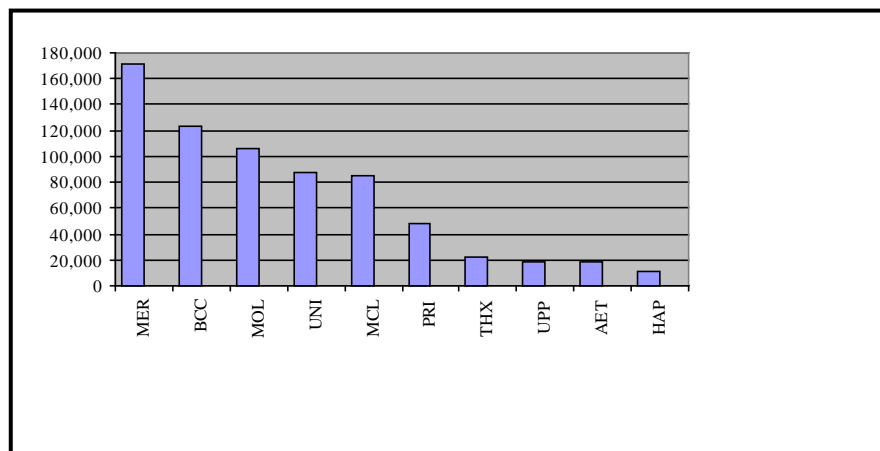


Figure 2: HMP-MC Enrollment by Medicaid Health Plan, December 2020



Medicaid Health Plan News

The Performance Monitoring Report contains data for all Michigan Medicaid Health Plans, where data is available. Ten Medicaid Health Plans are contracted with the State of Michigan to provide comprehensive health care services.

Cross-Plan Performance Monitoring Analyses

The following section includes a cross-plan analysis for each performance measure. An analysis of the most current data available for each performance measure is included. For detailed questions regarding measurement periods or standards, see the Performance Monitoring Specifications.

Adults' Generic Drug Utilization

Measure

The percentage of generic prescriptions filled for adult members of health plans during the measurement period.

Standard

N/A – Informational Only

Measurement Period

April 2020 – June 2020

Data Source

MDHHS Data Warehouse

Measurement Frequency

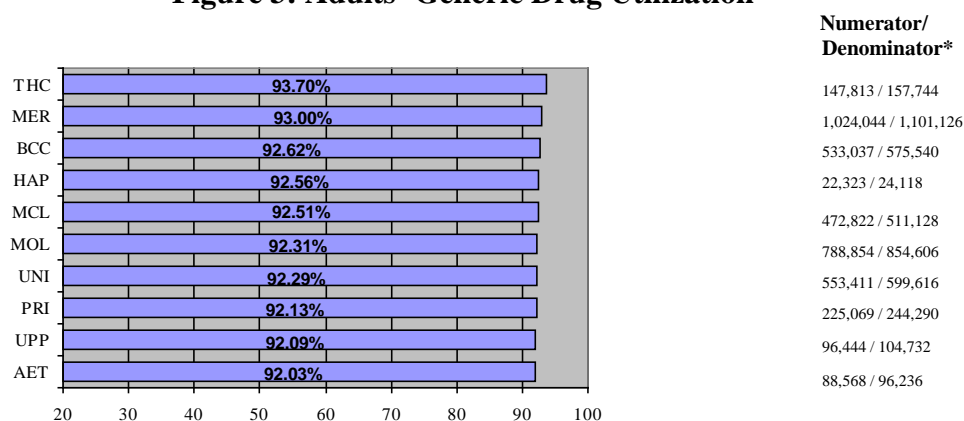
Quarterly

Summary: Results ranged from 92.03% to 93.70%.

Table 2: Comparison across Medicaid Programs

Medicaid Program	Numerator	Denominator	Percentage
Michigan Medicaid All	4,001,467	4,322,157	92.58%
Fee For Service (FFS) only	5,408	5,977	90.48%
Managed Care only	3,961,825	4,279,369	92.58%
MA-MC	1,963,580	2,126,282	92.35%
HMP-MC	1,931,115	2,081,457	92.78%

Figure 3: Adults' Generic Drug Utilization



Adult's Generic Drug Utilization Percentages

*Numerator depicts the number of eligible beneficiaries who had generic prescriptions filled. Denominator depicts the total number of eligible beneficiaries.

Completion of Annual Health Risk Assessment (HRA)

Measure

The percentage of Healthy Michigan Plan members enrolled in a health plan who had an incentive eligible Health Risk Assessment (HRA) completed during the measurement period.

Standard

N/A – Informational Only

Measurement Period

July 2019 – June 2020

Data Source

MDHHS Data Warehouse

Measurement Frequency

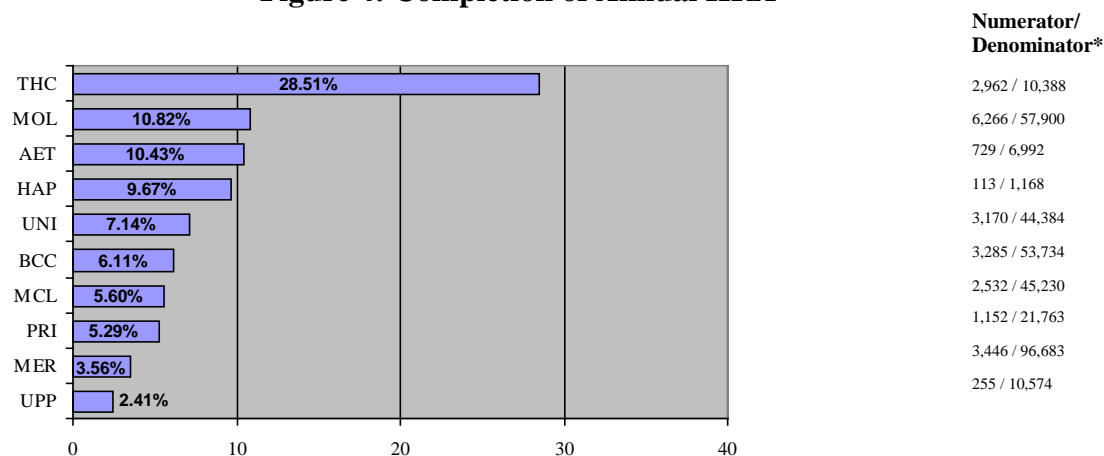
Quarterly

Summary: Results ranged from 2.41% to 28.51%.

Table 3: Program Total

Medicaid Program	Numerator	Denominator	Percentage
HMP-MC	27,751	410,538	6.76%

Figure 4: Completion of Annual HRA



Completion of Annual HRA Percentages

*Numerator depicts the number of eligible beneficiaries who completed at least one incentive eligible HRA with an attestation date during the measurement period. Denominator depicts the total number of eligible beneficiaries.

Outreach and Engagement to Facilitate Entry to Primary Care

Measure

The percentage of Healthy Michigan Plan members who have an ambulatory or preventive care visit within 150 days of enrollment into a health plan who had not previously had an ambulatory or preventive care visit since enrollment in Healthy Michigan Plan.

Standard

N/A – Informational Only

Enrollment Dates

January 2020 – March 2020

Data Source

MDHHS Data Warehouse

Measurement Frequency

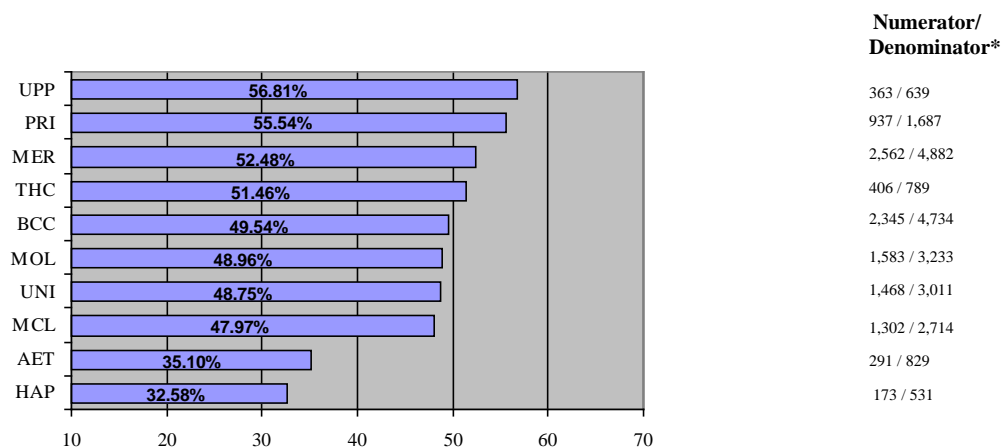
Quarterly

Summary: Results ranged from 32.58% to 56.81%.

Table 4: Program Total¹

Medicaid Program	Numerator	Denominator	Percentage
HMP-MC	17,033	26,752	63.67%

Figure 5: Outreach & Engagement to Facilitate Entry to Primary Care



Outreach & Engagement to Facilitate Entry to Primary Care Percentages

*Numerator depicts the number of eligible beneficiaries who had an ambulatory or preventive care visit within 150 days of enrollment in a health plan. Denominator depicts the total number of eligible beneficiaries.

¹ This includes visits during the HMP FFS period prior to enrollment in a Medicaid health plan.

Transition into Consistently Fail to Pay (CFP) Status**Measure**

The percentage of Healthy Michigan Plan members who transitioned from non-CFP status into CFP status during the last quarter of the measurement period.

Standard

N/A – Informational Only

Measurement Period

November 2019 – December 2020

Data Source

MDHHS Data Warehouse

Measurement Frequency

Quarterly

*****This is a reverse measure. A lower rate indicates better performance.***

Summary:

In **Cohort 1**, for income levels over 100% FPL, results ranged from 4.28% to 7.45%. For income levels up to 100% FPL, results ranged from 0.00% to 4.11%.

In **Cohort 2**, for income levels over 100% FPL, results ranged from 2.20% to 32.00%. For income levels up to 100% FPL, results ranged from 2.69% to 8.22%.

In **Cohort 3**, for income levels over 100% FPL, results ranged from 3.86% to 7.10%. For income levels up to 100% FPL, results ranged from 2.62% to 5.71%.

Table 5: Transition into CFP Status - Cohort 1

MHP	FPL over 100% (N)	FPL over 100% (D)	Rate	Standard Achieved	FPL up to 100% (N)	FPL up to 100% (D)	Rate	Standard Achieved
AET	4	67	5.97%	N/A	10	316	3.16%	N/A
BCC	62	1,024	6.05%	N/A	132	3,809	3.47%	N/A
HAP	1	14	7.14%	N/A	0	56	0.00%	N/A
MCL	46	949	4.85%	N/A	79	3,026	2.61%	N/A
MER	118	2,071	5.70%	N/A	255	6,759	3.77%	N/A
MOL	56	951	5.89%	N/A	129	3,477	3.71%	N/A
PRI	30	654	4.59%	N/A	59	1,591	3.71%	N/A
THC	12	161	7.45%	N/A	14	660	2.12%	N/A
UNI	43	916	4.69%	N/A	121	2,941	4.11%	N/A
UPP	14	327	4.28%	N/A	19	787	2.41%	N/A

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Table 6: Transition into CFP Status - Cohort 2

MHP	FPL over 100% (N)	FPL over 100% (D)	Rate	Standard Achieved	FPL up to 100% (N)	FPL up to 100% (D)	Rate	Standard Achieved
AET	2	91	2.20%	N/A	13	374	3.48%	N/A
BCC	51	1,031	4.95%	N/A	104	3,873	2.69%	N/A
HAP	8	25	32.00%	N/A	6	73	8.22%	N/A
MCL	59	1,065	5.54%	N/A	115	3,302	3.48%	N/A
MER	115	2,088	5.51%	N/A	249	7,007	3.55%	N/A
MOL	68	1,078	6.31%	N/A	136	4,082	3.33%	N/A
PRI	32	642	4.98%	N/A	51	1,688	3.02%	N/A
THC	14	134	10.45%	N/A	21	747	2.81%	N/A
UNI	68	944	7.20%	N/A	113	2,992	3.78%	N/A
UPP	20	403	4.96%	N/A	24	807	2.97%	N/A

Table 7: Transition into CFP Status - Cohort 3

MHP	FPL over 100% (N)	FPL over 100% (D)	Rate	Standard Achieved	FPL up to 100% (N)	FPL up to 100% (D)	Rate	Standard Achieved
AET	4	97	4.12%	N/A	16	481	3.33%	N/A
BCC	61	1,209	5.05%	N/A	162	4,826	3.36%	N/A
HAP	1	18	5.56%	N/A	4	70	5.71%	N/A
MCL	54	1,223	4.42%	N/A	106	3,933	2.70%	N/A
MER	165	2,485	6.64%	N/A	262	8,619	3.04%	N/A
MOL	83	1,169	7.10%	N/A	161	5,024	3.20%	N/A
PRI	36	767	4.69%	N/A	52	1,984	2.62%	N/A
THC	8	182	4.40%	N/A	29	886	3.27%	N/A
UNI	62	1,096	5.66%	N/A	122	3,606	3.38%	N/A
UPP	17	440	3.86%	N/A	31	936	3.31%	N/A

Transition out of Consistently Fail to Pay (CFP) Status
Measure

The percentage of Healthy Michigan Plan members who transitioned from CFP status to non-CFP status during the last quarter of the measurement period.

Standard

N/A – Informational Only

Measurement Period

November 2019 – December 2020

Data Source

MDHHS Data Warehouse

Measurement Frequency

Quarterly

Summary:

In **Cohort 1**, for income levels over 100% FPL, results ranged from 5.67% to 9.47%. For income levels up to 100% FPL, results ranged from 2.33% to 7.88%.

In **Cohort 2**, for income levels over 100% FPL, results ranged from 0.00% to 7.66%. For income levels up to 100% FPL, results ranged from 2.33% to 8.55%.

In **Cohort 3**, for income levels over 100% FPL, results ranged from 1.83% to 6.67%. For income levels up to 100% FPL, results ranged from 2.14% to 5.14%.

Table 8: Transition out of CFP Status - Cohort 1

MHP	FPL over 100% (N)	FPL over 100% (D)	Rate	Standard Achieved	FPL up to 100% (N)	FPL up to 100% (D)	Rate	Standard Achieved
AET	8	107	7.48%	N/A	18	231	7.79%	N/A
BCC	88	1,104	7.97%	N/A	169	2,232	7.57%	N/A
HAP	2	27	7.41%	N/A	1	43	2.33%	N/A
MCL	85	1,147	7.41%	N/A	115	1,930	5.96%	N/A
MER	148	2,609	5.67%	N/A	299	4,461	6.70%	N/A
MOL	84	1,286	6.53%	N/A	153	2,588	5.91%	N/A
PRI	50	528	9.47%	N/A	56	843	6.64%	N/A
THC	10	170	5.88%	N/A	32	406	7.88%	N/A
UNI	74	1,059	6.99%	N/A	128	1,877	6.82%	N/A
UPP	25	315	7.94%	N/A	33	491	6.72%	N/A

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Table 9: Transition out of CFP Status – Cohort 2

MHP	FPL over 100% (N)	FPL over 100% (D)	Rate	Standard Achieved	FPL up to 100% (N)	FPL up to 100% (D)	Rate	Standard Achieved
AET	5	142	3.52%	N/A	9	247	3.64%	N/A
BCC	79	1,162	6.80%	N/A	147	2,160	6.81%	N/A
HAP	0	55	0.00%	N/A	2	86	2.33%	N/A
MCL	75	1,183	6.34%	N/A	118	1,968	6.00%	N/A
MER	158	2,640	5.98%	N/A	272	4,449	6.11%	N/A
MOL	70	1,390	5.04%	N/A	161	2,695	5.97%	N/A
PRI	38	604	6.29%	N/A	57	880	6.48%	N/A
THC	7	191	3.66%	N/A	25	442	5.66%	N/A
UNI	80	1,045	7.66%	N/A	143	1,793	7.98%	N/A
UPP	23	327	7.03%	N/A	39	456	8.55%	N/A

Table 10: Transition out of CFP Status - Cohort 3

MHP	FPL over 100% (N)	FPL over 100% (D)	Rate	Standard Achieved	FPL up to 100% (N)	FPL up to 100% (D)	Rate	Standard Achieved
AET	3	164	1.83%	N/A	7	327	2.14%	N/A
BCC	72	1,367	5.27%	N/A	116	2,710	4.28%	N/A
HAP	5	75	6.67%	N/A	5	132	3.79%	N/A
MCL	53	1,388	3.82%	N/A	80	2,371	3.37%	N/A
MER	126	3,014	4.18%	N/A	280	5,561	5.04%	N/A
MOL	79	1,802	4.38%	N/A	128	3,423	3.74%	N/A
PRI	32	690	4.64%	N/A	36	1,032	3.49%	N/A
THC	9	250	3.60%	N/A	23	517	4.45%	N/A
UNI	81	1,270	6.38%	N/A	110	2,140	5.14%	N/A
UPP	17	355	4.79%	N/A	24	504	4.76%	N/A

Appendix A: Three Letter Medicaid Health Plan Codes

Below is a list of three letter codes established by MDHHS identifying each Medicaid Health Plan.

AET	Aetna Better Health of Michigan
BCC	Blue Cross Complete of Michigan
HAP	HAP Empowered
MCL	McLaren Health Plan
MER	Meridian Health Plan of Michigan
MOL	Molina Healthcare of Michigan
PRI	Priority Health Choice
THC	Total Health Care
UNI	UnitedHealthcare Community Plan
UPP	Upper Peninsula Health Plan

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Aetna Better Health of Michigan – AET

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 20 – Jun 20	80%	92.03%	N/A

Completion of Annual HRA	Jul 19 – Jun 20	12%	10.43%	N/A
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Outreach/Engagement to Facilitate Entry to Primary Care	Jan 20 – Mar 20	50%	35.10%	N/A
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Transition into CFP Status: [Nov 19 – Dec 20]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤30%	5.97%	N/A	2.20%	N/A	4.12%	N/A
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	3.16%	N/A	3.48%	N/A	3.33%	N/A

**This is a reverse measure. A lower rate indicates better performance.*

Transition out of CFP Status: [Nov 19 – Dec 20]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	7.48%	N/A	3.52%	N/A	1.83%	N/A
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	7.79%	N/A	3.64%	N/A	2.14%	N/A

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Blue Cross Complete of Michigan – BCC

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 20 – Jun 20	80%	92.62%	N/A

Completion of Annual HRA	Jul 19 – Jun 20	12%	6.11%	N/A
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Outreach/Engagement to Facilitate Entry to Primary Care	Jan 20 – Mar 20	50%	49.54%	N/A
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Transition into CFP Status: [Nov 19 – Dec 20]						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL						
≤30%	6.05%	N/A	4.95%	N/A	5.05%	N/A
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤100% FPL						
≤7%	3.47%	N/A	2.69%	N/A	3.36%	N/A

**This is a reverse measure. A lower rate indicates better performance.*

Transition out of CFP Status: [Nov 19 – Dec 20]						
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
>100% FPL						
≥2%	7.97%	N/A	6.80%	N/A	5.27%	N/A
Standard	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤100% FPL						
≥2%	7.57%	N/A	6.81%	N/A	4.28%	N/A

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

HAP Empowered – HAP

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 20 – Jun 20	80%	92.56%	N/A

Completion of Annual HRA	Jul 19 – Jun 20	12%	9.67%	N/A
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Outreach/Engagement to Facilitate Entry to Primary Care	Jan 20 – Mar 20	50%	32.58%	N/A
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Transition into CFP Status: [Nov 19 – Dec 20]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤30%	7.14%	N/A	32.00%	N/A	5.56%	N/A
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	0.00%	N/A	8.22%	N/A	5.71%	N/A

**This is a reverse measure. A lower rate indicates better performance.*

Transition out of CFP Status: [Nov 19 – Dec 20]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	7.41%	N/A	0.00%	N/A	6.67%	N/A
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	2.33%	N/A	2.33%	N/A	3.79%	N/A

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

McLaren Health Plan – MCL

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 20 – Jun 20	80%	92.51%	N/A

Completion of Annual HRA	Jul 19 – Jun 20	12%	5.60%	N/A
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Outreach/Engagement to Facilitate Entry to Primary Care	Jan 20 – Mar 20	50%	47.97%	N/A
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Transition into CFP Status: [Nov 19 – Dec 20]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤30%	4.85%	N/A	5.54%	N/A	4.42%	N/A
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	2.61%	N/A	3.48%	N/A	2.70%	N/A

**This is a reverse measure. A lower rate indicates better performance.*

Transition out of CFP Status: [Nov 19 – Dec 20]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	7.41%	N/A	6.34%	N/A	3.82%	N/A
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	5.96%	N/A	6.00%	N/A	3.37%	N/A

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Meridian Health Plan of Michigan – MER

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 20 – Jun 20	80%	93.00%	N/A

Completion of Annual HRA	Jul 19 – Jun 20	12%	3.56%	N/A
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Outreach/Engagement to Facilitate Entry to Primary Care	Jan 20 – Mar 20	50%	52.48%	N/A
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Transition into CFP Status: [Nov 19 – Dec 20]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤30%	5.70%	N/A	5.51%	N/A	6.64%	N/A
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	3.77%	N/A	3.55%	N/A	3.04%	N/A

**This is a reverse measure. A lower rate indicates better performance.*

Transition out of CFP Status: [Nov 19 – Dec 20]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	5.67%	N/A	5.98%	N/A	4.18%	N/A
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	6.70%	N/A	6.11%	N/A	5.04%	N/A

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Molina Healthcare of Michigan – MOL

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 20 – Jun 20	80%	92.31%	N/A

Completion of Annual HRA	Jul 19 – Jun 20	12%	10.82%	N/A
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Outreach/Engagement to Facilitate Entry to Primary Care	Jan 20 – Mar 20	50%	48.96%	N/A
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Transition into CFP Status: [Nov 19 – Dec 20]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤30%	5.89%	N/A	6.31%	N/A	7.10%	N/A
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	3.71%	N/A	3.33%	N/A	3.20%	N/A

**This is a reverse measure. A lower rate indicates better performance.*

Transition out of CFP Status: [Nov 19 – Dec 20]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	6.53%	N/A	5.04%	N/A	4.38%	N/A
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	5.91%	N/A	5.97%	N/A	3.74%	N/A

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Priority Health Choice – PRI

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 20 – Jun 20	80%	92.13%	N/A

Completion of Annual HRA	Jul 19 – Jun 20	12%	5.29%	N/A
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Outreach/Engagement to Facilitate Entry to Primary Care	Jan 20 – Mar 20	50%	55.54%	N/A
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Transition into CFP Status: [Nov 19 – Dec 20]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤30%	4.59%	N/A	4.98%	N/A	4.69%	N/A
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	3.71%	N/A	3.02%	N/A	2.62%	N/A

**This is a reverse measure. A lower rate indicates better performance.*

Transition out of CFP Status: [Nov 19 – Dec 20]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	9.47%	N/A	6.29%	N/A	4.64%	N/A
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	6.64%	N/A	6.48%	N/A	3.49%	N/A

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Total Health Care – THC

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 20 – Jun 20	80%	93.70%	N/A

Completion of Annual HRA	Jul 19 – Jun 20	12%	28.51%	N/A
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Outreach/Engagement to Facilitate Entry to Primary Care	Jan 20 – Mar 20	50%	51.46%	N/A
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Transition into CFP Status: [Nov 19 – Dec 20]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤30%	7.45%	N/A	10.45%	N/A	4.40%	N/A
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	2.12%	N/A	2.81%	N/A	3.27%	N/A

**This is a reverse measure. A lower rate indicates better performance.*

Transition out of CFP Status: [Nov 19 – Dec 20]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	5.88%	N/A	3.66%	N/A	3.60%	N/A
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	7.88%	N/A	5.66%	N/A	4.45%	N/A

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

UnitedHealthcare Community Plan – UNI

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 20 – Jun 20	80%	92.29%	N/A

Completion of Annual HRA	Jul 19 – Jun 20	12%	7.14%	N/A
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Outreach/Engagement to Facilitate Entry to Primary Care	Jan 20 – Mar 20	50%	48.75%	N/A
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Transition into CFP Status: [Nov 19 – Dec 20]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤30%	4.69%	N/A	7.20%	N/A	5.66%	N/A
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	4.11%	N/A	3.78%	N/A	3.38%	N/A

**This is a reverse measure. A lower rate indicates better performance.*

Transition out of CFP Status: [Nov 19 – Dec 20]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	6.99%	N/A	7.66%	N/A	6.38%	N/A
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	6.82%	N/A	7.98%	N/A	5.14%	N/A

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications

Performance Monitoring Report

Appendix B: One Year Plan-Specific Analysis

Upper Peninsula Health Plan – UPP

HEALTHY MICHIGAN PLAN:

Performance Measure	Measurement Period	Standard	Plan Result	Standard Achieved
Adults' Generic Drug Utilization	Apr 20 – Jun 20	80%	92.09%	N/A

Completion of Annual HRA	Jul 19 – Jun 20	12%	2.41%	N/A
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Outreach/Engagement to Facilitate Entry to Primary Care	Jan 20 – Mar 20	50%	56.81%	N/A
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Transition into CFP Status: [Nov 19 – Dec 20]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤30%	4.28%	N/A	4.96%	N/A	3.86%	N/A
Standard ≤100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≤7%	2.41%	N/A	2.97%	N/A	3.31%	N/A

**This is a reverse measure. A lower rate indicates better performance.*

Transition out of CFP Status: [Nov 19 – Dec 20]						
Standard >100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	7.94%	N/A	7.03%	N/A	4.79%	N/A
Standard <100% FPL	Cohort 1 Result	Standard Achieved	Cohort 2 Result	Standard Achieved	Cohort 3 Result	Standard Achieved
≥2%	6.72%	N/A	8.55%	N/A	4.76%	N/A

- Shaded areas represent data that are newly reported this month.

- For questions regarding measurement periods or standards, see the Performance Monitoring Specifications



Michigan Department of Health and Human Services
Medical Services Administration

Medical Care Advisory Council

Meeting Minutes

Date: Wednesday, February 26, 2020

Time: 1:00 p.m. – 4:30 p.m.

Where: Conference Call Only

Attendees: **Council Members:** Amber Bellazaire, Alan Bolter, Renee Edmondson (for Deb Brinson), Barry Cargill, Farah Jalloul, Jason Jorkasky, Mark Klammer, Jim Milanowski, Marion Owen, Dominick Pallone, Kristin Reese, Melissa Samuel, Robert Sheehan, April Stopczynski, Jeff Towns, Linda Vail, Dawne Velianoff, Warren White, Amy Zaagman, Rebecca Blake

Staff: Kate Massey, Brian Keisling, Jackie Prokop, Erin Emerson, Phil Kurdunowicz, Pam Diebolt, Chris George, Farah Hanley, Marie LaPres, Steven Prichard, Nicole Hudson, Lindsay Tyler, Katie Commey, Cindy Linn

Other Attendees: Linda Jordan, Salli Pung, Tiffany Stone, Randy Walainis, Pat Anderson

Welcome, Introduction, Announcements

Bill Mayer opened the meeting and introductions were made.

Budget Update

FY21 Budget Update

Farah Hanley provided an overview of the governor's Executive Budget recommendation for state fiscal year (FY) 2021. The total state budget for all departments is \$11 billion general fund (GF), which includes a \$5 billion GF appropriation for the Michigan Department of Health and Human Services (MDHHS). The total FY21 budget for MDHHS including all sources of revenue is \$27 billion. The GF allocation for MDHHS represents a \$392 million increase from FY20, of which 95% of this increase will be utilized to maintain current programs at existing levels. Requests for new investments included in the Executive Budget Recommendation include:

- \$18 million GF for Healthy Moms, Healthy Babies, Healthy Families initiative to increase qualifying income limit to 200% of the federal poverty level (FPL), increase home visiting access by more than 1,000, expand post-partum coverage from 60 days to 12 months, and expand access to behavioral health coverage.
- \$7.1 million GF to build statewide infrastructure for statewide determinants of health.
- \$3 million to support staffing for behavioral health redesign.
- \$5 million to support 63 staff across four state psychiatric hospitals.

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- \$5 million to support local community mental health services programs (CMHSPs).
- \$8.5 million for long-term-care support services and independent options counseling.
- \$3.1 million for a 25% rate increase for Medicaid Private Duty Nursing services.
- \$2.5 million for the Medicaid Transformation Office to explore policy initiatives designed to improve quality of care and achieve long-term cost savings.
- \$2 million for free dental oral health screenings for uninsured children entering Kindergarten.

In addition, several one-time investments were discussed, including:

- \$10 million for opioid crisis response.
- \$21 million for a 5-year MIDOCS initiative.
- \$10 million for a lead prevention fund.

Several proposed reductions totaling \$134 million were also included in the Executive Budget Recommendation. Ms. Hanley indicated that a list of specific reductions related to MDHHS programs can be distributed on request. In response to an attendee's concern regarding apparent budget cuts, Ms. Hanley clarified that the Governor's recommended funding levels for adult Home Help Services reflect anticipated spending levels based on projected caseload.

Bill Mayer suggested drafting a letter on behalf of the Medical Care Advisory Council (MCAC) to advocate for the governor's budget priorities. The proposed letter was discussed, and the members of the MCAC agreed to support the effort.

Healthy Michigan Plan (HMP)

The governor submitted a request to the courts to pause the HMP work requirements, which has not been ruled on at this time. As a result, the work requirements for HMP beneficiaries remain in place as of February 26, 2020, and MDHHS staff requested assistance from attendees to encourage beneficiaries to report work or other qualifying activities. On March 10, 2020, MDHHS plans to run a report in the MI Bridges system to identify HMP beneficiaries subject to the work requirements who did not report work or other activities in the month of January. **NOTE:** Following the meeting, on March 4, 2020, MDHHS stopped implementation of work requirements pursuant to a court order from the United States District Court for the District of Columbia in *Young et al. v. Azar et al.*

Behavioral Health Integrations Update

A PowerPoint Presentation titled "Michigan's Public Behavioral Health System: Proposed New Approach" was shared with attendees, and MDHHS staff and meeting attendees discussed the issue at length. Additional information about the future of integrated behavioral health and physical health care is also available on the MDHHS website at www.michigan.gov/futureofbehavioralhealth.

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Social Determinants of Health

MDHHS staff provided an overview of an initiative by the Department to address social determinants of health among Medicaid beneficiaries, with an emphasis on food and housing assistance. While the exact focus of the Department's strategy to address social determinants of health is subject to evolve based on feedback received throughout the process, the initiative is based on three guiding pillars:

- realigning policies, programs and resources to improve equity and address community-directed needs;
- reduce barriers to economic mobility; and
- support robust community continuums of care.

Each of the three pillars were discussed at length. In response to a request for additional information about the MDHHS social determinants of health strategy and Community Health Innovation Regions (CHIRs), Kate Massey indicated that the Department is still evaluating the outcomes of the CHIR initiative, but will share the final evaluation report with the MCAC when it is complete.

Flint Waiver Renewal

Erin Emerson shared that the current Waiver for People Impacted by Flint Water is set to expire on February 28, 2021, and that MDHHS is working to submit a renewal application to CMS to request a 10-year extension. While CMS typically requires that the renewal application be submitted at least one year in advance of the expiration of the current waiver, MDHHS has been granted a 60-day extension for the application deadline in order to allow sufficient time to receive public comment. As part of the public comment process, a public hearing was held in Flint on February 25, 2020 where generally positive feedback was received. MDHHS plans to continue to request renewal of the Flint Waiver until such a time as no individual meets the eligibility requirements. A copy of the Flint Waiver renewal application is available on the MDHHS website at www.michigan.gov/mdhhs >> Inside MDHHS >> Budget & Finance >> Medicaid Waiver & State Plan Amendment Notification.

General Updates

MI Health Link

Brian Barrie shared that the MI Health Link demonstration for individuals who are dually eligible for Medicare and Medicaid, is currently set to expire on December 31, 2020. MDHHS has submitted an application for renewal of MI Health Link to CMS, which includes requests for several program enhancements in the areas of enrollment, coordination of care, data collection and rate-setting, and administration and compliance. MDHHS staff are working to address comments received from CMS, and plan to begin outreach to MI Health Link stakeholders in March 2020 to share the results of discussions with CMS and solicit stakeholder input on potential changes to the demonstration extension application. In response to an inquiry, MDHHS staff clarified that the Department is not requesting a geographic expansion of the

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MI Health Link demonstration at this time. MDHHS staff and meeting attendees continued to discuss this issue at length.

Alternative Payment Models Handout

MDHHS staff shared an update on the Department's work in moving Medicaid Health Plans (MHPs) away from Fee-for-Service (FFS) and towards Alternative Payment Models (APMs) in contracting with providers. This initiative has been in development since the revision of the MHP contracts beginning in 2016, with the overall goal of improving quality while reducing costs. A PowerPoint presentation with information on this project was distributed to meeting attendees, and the document was discussed.

Policy Updates

A policy update handout was distributed and the following items were discussed:

- Proposed Policy 1927-BHDDA - §1915(i) State Plan Home and Community-Based Services
- Proposed Policy 1928-BHDDA - §1915(c) Renewal Applications for the Children's Waiver Program (CWP), the Habilitation Supports Waiver (HSW), and the Waiver for Children with Serious Emotional Disturbances (SEDW)

Future Agenda Items

Bill Mayer invited meeting attendees to forward potential agenda items for discussion at the next scheduled MCAC meeting. In response, a meeting attendee requested that MDHHS explore options for presenting meeting materials electronically for those participating in the meeting remotely (i.e., WebX/Skype/Microsoft Teams). MDHHS staff indicated they would look into the issue.

In closing, Dr. Mayer provided a review of outstanding items that were discussed and in need of follow-up, including:

- Draft letter of support for the Executive Budget Recommendation on behalf of the MCAC;
- Sharing of supplemental materials on the Department's social determinants of health initiative as they become available;
- Request to share summary of progress made in establishing APMs in Michigan; and
- Continue to discuss potential for WebX/Skype/Microsoft Teams meetings.



Michigan Department of Health and Human Services
Medical Services Administration

Medical Care Advisory Council

Meeting Minutes

Date: Wednesday, May 27, 2020
Time: 1:00 p.m. – 4:30 p.m.
Where: Skype Meeting

Welcome, Introductions, Announcements

Alison Hirschel and Bill Mayer opened the meeting.

Budget Update

Farah Hanley provided an update on the current state of the budget for fiscal year (FY) 2020 and FY21, and began by noting that the State is currently working to address a revenue shortfall that has occurred as a result of the current COVID-19 health emergency. For the current fiscal year ending September 30, 2020, the State is projecting a revenue shortfall of approximately \$2 billion general fund (GF), as well as a \$2 billion shortfall for FY21. In addition, the projected shortfall for the School Aid Fund is \$1.2 billion for FY20 and \$1.1 billion for FY21.

While the State of Michigan received \$315 million in emergency aid from the federal government, this money may only be used for COVID-19 testing and contact tracing and may not be used to address budget deficits. Medicaid caseload costs are also anticipated to rise by \$500 million GF in FY21, although this amount is expected to be partially offset by an increased Federal Matching Assistance Percentage (FMAP) rate. The FMAP rate increase for FY21 is currently estimated to result in the addition of \$200 million in federal match for Medicaid expenditures. For further information revenue and economic data for the State of Michigan, Ms. Hanley directed attendees to the Senate Fiscal Agency website at senate.michigan.gov/sfa. MDHHS staff and meeting attendees continued to discuss this issue at length. As a result of the discussion, Amy Zaagman introduced a motion for the MCAC to draft a letter addressed to the State's congressional delegation in support of additional federal matching dollars through Medicaid. Upon passage of the motion, Alison Hirschel offered to coordinate drafting the official correspondence on behalf of the MCAC.

COVID-19 Updates and Policies

Members of the Medical Care Advisory Council (MCAC) expressed appreciation to MDHHS staff for their extraordinary, timely and effective response to the COVID-19 public health emergency.

Jackie Prokop shared that since March 18, 2020, MDHHS has released 17 different policy changes to address the COVID-19 health emergency, as well as an additional bulletin detailing general telemedicine updates. In order to expedite implementation of these bulletins, each

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COVID-19 response policy has been released for public comment concurrent with the final bulletin. Most COVID-19 policy changes are intended to be time-limited for the duration of the current health emergency; however, portions of some policies are intended to be permanent changes. A policy bulletin handout was distributed to attendees and the following bulletins related to COVID-19 response and telemedicine updates were discussed:

- MSA 20-09 - General Telemedicine Policy Changes; Updates to Existing Policy; FQHC and RHC Policy Changes
- MSA 20-12 – COVID-19 Response: Relaxing Face-to-Face Requirement
- MSA 20-13 – COVID-19 Response: Telemedicine Policy Expansion; PIHPs/CMHSPs Implications
- MSA 20-14 – COVID-19 Response: Home Delivery of Durable Medical Equipment and Supplies
- MSA 20-15 – COVID-19 Response: Behavioral Health Telepractice; Telephone (Audio Only) Services
- MSA 20-16 – COVID-19 Response: Options for the use of Nursing Facility Beds
- MSA 20-17 – COVID-19 Response: Updated ICD-10-CM Coding Guidance; Update to COVID-19 Testing Coverage; Exemption of Co-Pays for Services to Treat Coronavirus Disease 2019
- MSA 20-18 – COVID-19 Response: Relaxing of Hospital transfer and Related Transportation Policy
- MSA 20-19 – COVID-19 Response: Suspending All Medicaid Closures
- MSA 20-21 – COVID-19 Response: Limited Oral Evaluation via Telemedicine
- MSA 20-22 – COVID-19 Response: Telemedicine Policy Changes; Updates to Coverage for Physical Therapy, Occupational Therapy and Speech Therapy
- MSA 20-23 – COVID-19 Response: Non-Emergency Medical Transportation (NEMT)
- MSA 20-24 – COVID-19 Response: Children's Special Health Care Services (CSHCS) Eligibility and Renewal Requirements
- MSA 20-27 – COVID-19 Response: Policy for Designated COVID-19 Regional Hubs
- MSA 20-28 – COVID-19 Response: Temporary Suspension of Certain Provider Enrollment Requirements; Temporary Suspension of Certain Restrictions and Requirements of the Michigan Public Health Code
- MSA 20-34 – COVID-19 Response: Telemedicine Reimbursement for Federally Qualified Health Centers, Rural Health Clinics, and Tribal Health Centers
- MSA 20-36 – COVID-19 Response Policies: Clarification on notice to Terminate Policies and Processes

Long-Term Care

Long-Term Care Executive Order

On April 16, 2020, Governor Whitmer issued Executive Order (EO) 2020-50 to implement new rules intended to protect staff and residents in all Michigan long-term-care facilities (i.e., nursing facilities, adult foster care, homes for the aged, and assisted living facilities) from the spread of COVID-19. The new rules established by EO 2020-50 include:

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- Limiting access to long-term-care facilities to restrict visitors,
- Reserving a nursing facility resident's bed for their return if the resident is admitted to a hospital,
- Allow staff who test positive for COVID-19 or experience symptoms to have time off to self-isolate and return to work, and
- Designate isolated areas within nursing facilities to house residents who test positive for COVID-19.

Regional Hubs

EO 2020-50 authorized the creation of Regional Hubs to care for COVID-19-affected nursing home residents. While all long-term care facilities must operate to mitigate the spread of COVID-19 within their facilities, COVID-19 Regional Hubs support multiple facets of the continuum of care: offering load balancing support to hospitals, allowing appropriate leveraging of acute care bed availability, supporting isolation where it otherwise might not be possible, and mitigating staffing or other resource constraints.

COVID-19-affected residents may be appropriate for COVID-19 Regional Hub admission when they are discharged from a hospital and no longer need acute hospital level of care but continue to require additional medical care or support. Those residents currently living in a long-term care facility and identified as a COVID-19-affected resident may be transferred to a Regional Hub when their existing facility has an inability or incapacity to care for the COVID 19-affected resident or to safely isolate the COVID-19-affected resident from other residents.

MDHHS initially granted a COVID-19 Regional Hub designation to 20 facilities in Southeast Michigan and is seeking out additional facilities throughout the state to fill this need. Facilities will be selected by MDHHS and designated as COVID-19 Regional Hubs at the discretion of the department and subject to such factors as stated willingness to serve as a COVID-19 Regional Hub, capacity to contribute to local need for services, proximity to acute care facilities experiencing high COVID-19 related demand, physical attributes of the facility to effectively quarantine affected residents, performance history of the facility, and other factors deemed relevant by MDHHS.

As of May 27, 2020, 521 individuals have been cared for in the Regional Hubs, with the facilities collectively reporting a total of 107 deaths and 361 confirmed recoveries among those treated. Currently, 321 out of 650 total Regional Hub beds in the state are occupied. In the past week, 62 Regional Hub residents have been discharged, of which 53 were able to return home to their long-term-care facility of residence or to their house or apartment.

Most (75-80 percent) of Regional Hub facilities have reported that they feel they have adequate staffing to serve their residents, and all but one facility reported having a sufficient supply of personal protection equipment (PPE) on hand. In addition, all facilities have reported taking in residents who have been discharged from a hospital, while more than 75 percent of facilities have taken in residents who have been transferred from another long-term care facility. All Regional Hub facilities are required to report Census and infection data for

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residents to the EMResources system operated by the Public Health Administration within MDHHS, which in turn is reported to the federal government. MDHHS is continuing to evaluate the ongoing need for COVID-19 Regional Hubs and is making plans to “decommission” Regional Hub facilities when no longer needed to return the facilities to regular operations. MDHHS staff and meeting attendees continued to discuss this issue at length.

Home and Community-Based Services

In response to the COVID-19 health emergency, the Medicaid Home and Community-Based Services (HCBS) program has implemented a \$2 per hour wage increase for direct-care workers who serve HCBS beneficiaries. In addition, MDHHS is preparing to submit an emergency amendment application to the Centers for Medicare & Medicaid Services (CMS) under the Appendix K Preprint authority. Once approved, the amendment will allow MDHHS increased flexibility to operate all HCBS programs for the duration of the health emergency, including the Behavioral Health Demonstration, Children’s Waiver Program, Habilitation Supports Waiver, MI Choice, and HCBS MI Health Link programs. The proposed changes to these programs are outlined in letter L 20-34, issued June 1, 2020. Medicaid L Letters can be accessed on the web at www.michigan.gov/medicaidproviders >> Policy, Letters & Forms, click “2020” under “Numbered Letters.”

Reporting

As directed by EO 2020-50, MDHHS is continuing to collect data on COVID-19 transmission throughout the state, which is posted on the web at www.michigan.gov/coronavirus.

Level of Care Determinations

As a result of the COVID-19 Health Emergency, MDHHS has implemented the following temporary changes to the Nursing Facility Level of Care Determination (LOCD) process:

- The LOCD evaluation process may now be conducted remotely.
- All current LOCDs have been extended by 180 days (except for Door 0).

In addition, MDHHS has implemented a passive redetermination process for LOCDs, which is intended to continue beyond the rescission of the current COVID-19 health emergency.

COVID-19 Testing

In response to new guidance directing states to prioritize testing residents and staff of skilled nursing facilities for COVID-19, MDHHS has partnered with the National Guard to assist with identifying regions of the state and facilities within these regions that are most in need of assistance with administering tests. As of May 27, 2020, this has been completed in the Upper Peninsula, as well as Southeast Michigan and Western Michigan, and MDHHS is continuing to utilize National Guard resources to assist with administering COVID-19 testing in nursing facilities where needed.

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Council/Organization Feedback on MDHHS COVID-19 Response

What are organizations doing to implement COVID-19 changes?

Several meeting attendees who represent provider associations shared that in response to the COVID-19 health emergency, they are continuing to work with their respective members to identify and implement best practices for patient care in an alternative environment.

Specifically, they are focused on increasing access to telehealth services where possible, conducting outreach patients to encourage those needing medical care to seek medical care, and ensuring that providers have sufficient PPE on hand to see patients in-person. In addition, one meeting attendee raised the issue of looking for ways to support Medicaid beneficiaries who are currently using limited cellular or internet data plans for the purpose of telemedicine visits.

Healthy Michigan Plan (HMP)

Rescinding work requirements

On March 4, 2020, MDHHS stopped implementation of work requirements pursuant to a court order from the United States District Court for the District of Columbia in *Young et al. v. Azar et al.* MDHHS issued bulletin MSA 20-10 on April 28, 2020 to share details of this change with providers, and also issued letters to individual beneficiaries who would have been impacted by work requirements. In addition, due to the COVID-19 health emergency MDHHS is also temporarily suspending plans to require all HMP beneficiaries with incomes above 100% of the federal poverty level (FPL) to engage in a healthy behavior and contribute 5% of the income toward cost-sharing as a condition of continued enrollment in HMP.

Behavioral Health Integration Update

Substance Use Disorder (SUD) Treatment and Recovery Capacity Assessment

MDHHS staff provided information on the Department's efforts to implement the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act in the State of Michigan. A summary document of these efforts titled "SUPPORT Act Section 1003 Demonstration: Increase Substance Use Disorder (SUD) Capacity" was distributed to meeting attendees for discussion.

Flint Waiver Update

MDHHS staff shared that the renewal application for the Flint Waiver has been submitted to CMS and has been posted to the CMS website for public comment.

Future Agenda Items

Alison Hirschel invited meeting attendees to continue to share topics they would like to be included on the agenda for the next MCAC meeting scheduled for August 26, 2020.

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The meeting was adjourned at 3:30 p.m.



Michigan Department of Health and Human Services
Medical Services Administration

Medical Care Advisory Council

Meeting Minutes

Date: Wednesday, August 26, 2020

Time: 1:00 p.m. – 4:30 p.m.

Where: Microsoft Teams Meeting

Attendees: **Council Members:** Alison Hirschel, Warren White, Amber Bellazaire, Dianne Haas, Bill Mayer, Amy Zaagman, Deb Brinson, Dominick Pallone, Chris George (for Amy Hundley), Jason Jorkasky, Robert Sheehan, David Herbel, Lisa Dedden Cooper, Kim Singh, Rebecca Blake, Marion Owen, April Stopczynski, Pat Anderson (for Melissa Samuel), Jim Milanowski, Jeff Towns, Chelena Bell (Michigan Primary Care Association), Barry Cargill, Linda Vail

Staff: Kate Massey, Farah Hanley, Lonnie Barnett, Brian Barrie, Pam Diebolt, Lisa Trumbell, Matthew Ellsworth, Erin Emerson, Bob Wheaton, Kim Hamilton, Brian Keisling, Laura Kilfoyle, Adriena Krul-Hall, Phil Kurdunowicz, Marie LaPres, Jackie Prokop, Margo Sharp, Lisa Trumbell, Mary Wertz, Tyler Wise, Steven Prichard

Other Attendees: Tiffany Stone, Salli Pung, Linda Jordan

Welcome, Introductions, Announcements

Alison Hirschel and Bill Mayer opened the meeting and introductions were made. Following introductions, Dr. Mayer announced that Warren White will be retiring and leaving his position on the Medical Care Advisory Council (MCAC). Ms. Hirschel also announced that as a follow-up to the previous MCAC meeting, a proposal for an increase in the Federal Matching Assistance Percentage (FMAP) rate as part of a COVID-19 relief package is still pending in Congress, and she has completed a draft letter in support of this measure. The letter will be submitted to the members of the MCAC for comments shortly, and once finalized, will be sent to each member of Michigan's congressional delegation on behalf of the MCAC.

Budget Update

Farah Hanley shared that following the consensus revenue estimating conference (CREC) in May that projected a budget shortfall of \$3 billion in fiscal year (FY) 2020 and FY2021, the state convened an additional CREC in August to better assess the impact of the current COVID-19-related health emergency on the state budget. The CREC held in August found that the budget gap is now estimated at \$1 billion for FY20 and \$1 billion for FY21 due to greater than expected sales tax revenue. Ms. Hanley indicated that in light of the revised budget forecast, the legislature is continuing discussions with the Governor's office on a budget agreement for FY21, and that many of the reductions included in the executive budget recommendation that was released in February are still planned for implementation.

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Federal Stimulus Update

In response to an inquiry, Ms. Hanley indicated that legislation intended to provide relief funds for state and local governments has passed the U.S. House of Representatives, but that the future prospects for such assistance remain uncertain. However, the State of Michigan has received a federal grant of \$375 million to assist with COVID-19 testing and contact tracing efforts that must be used or forfeited by September 30, 2020.

Covid-19 Updates and Policies

To date, the Michigan Department of Health and Human Services (MDHHS) has released 26 policy bulletins related to the COVID-19-related health emergency. The following bulletins that have been released since the previous MCAC meeting on May 27, 2020 were discussed:

- MSA 20-25 – COVID-19 Response: COVID-19 Durable Medical Equipment, Prosthetics, Orthotics, Supplies (DMEPOS) Supplemental Billing Policy to Bulletin MSA 20-14
- MSA 20-28 – COVID-19 Response: Temporary Suspension of Certain Provider Enrollment Requirements; Temporary Suspension of Certain Restrictions and Requirements of the Michigan Public Health Code
- MSA 20-32 – COVID-19 Response: Emergency Temporary Removal of Prior Authorization for Walking Boots and Wheelchair Batteries. Temporary Coverage of Spirometers for Cystic Fibrosis Beneficiaries in the Home Setting
- MSA 20-35 – Medicaid Compliance with Interim Final Rule CMS 5531: Improving Care Planning for Medicaid Home Health Services; COVID-19 Response: Temporary Waiver of Beneficiary Signature for Home-Delivered DMEPOS
- MSA 20-37 – COVID-19 Response: Suspending All Medicaid Renewals
- MSA 20-41 – COVID-19 Response: Private Duty Nursing and Hospice Alternative Staffing Provisions; Virtual Supervisory Visits; Prior Authorization for Private Duty Nursing
- MSA 20-42 – COVID-19 Response: Telemedicine Policy Rate Change; MI Care Team Health Action Plan Telemedicine Coverage
- MSA 20-52 – COVID-19 Response: COVID-19 Test Ordering and Pharmacy Enrollment
- MSA 20-53 – COVID-19 Response: Telemedicine Policy Changes for Audiology Services
- MSA 20-56 – COVID-19 Response: Recission of Portions of Bulletin MSA 20-28 – Executive Order 2020-61
- MSA 20-57 – COVID-19 Response: COVID-19 Specimen Collection

In addition, Laura Kilfoyle shared that while many policies that have been issued in response to the COVID-19 Health Emergency regarding telemedicine expansion are intended to be temporary, MDHHS has convened a work group to review the temporary telemedicine expansion policies and determine the feasibility of implementing some changes long-term.

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Long-Term Care

Brian Barrie shared that while long-term care facilities in the state initially experienced a relatively high rate of COVID-19 infection among residents relative to the general population, MDHHS has since largely been able to control the spread of the virus in nursing homes and other long-term care facilities. As a result of the health emergency, MDHHS staff are continuing to evaluate the department's response to both look for opportunities to expand on mitigation strategies that have worked well and continue to examine potential areas for improvement.

Direct Care Worker Premium Pay

In April 2020, MDHHS authorized a temporary wage increase of \$2 per hour for in-home providers of personal care services in an effort to compensate workers for the risk of COVID-19 infection and better ensure continuation of services for beneficiaries. In June 2020, the wage increase was extended through September 30, 2020 and expanded to include direct care workers employed by nursing facilities. MDHHS staff are continuing to evaluate ongoing need and available funding for subsequent premium pay extensions.

Center for Health and Research Transformation (CHRT) Evaluation

MDHHS is working with the University of Michigan in partnership with CHRT to evaluate the department's COVID-19 response as it relates to long-term services and supports programs, with a focus on nursing homes. The comprehensive evaluation will:

- examine Michigan's Regional Hub strategy compared to similar efforts undertaken by other states, including an in-depth data analysis;
- review Best Practices nationally and develop recommendations for preparedness in the event of a second COVID-19 outbreak; and
- develop recommendations for the State of Michigan to continue safely operating of all long-term-care facilities in Michigan including nursing facilities, adult foster care homes, homes for the aged, etc.

Mr. Barrie noted that while the initial report by CHRT is due to MDHHS the week of August 31, data analysis and collection will be ongoing.

Nursing Facility Task Force

The CHRT evaluation is also intended to assist the work of the Michigan Nursing Home COVID-19 Preparedness Task Force, which was established by Executive Order (EO) 2020-135 on June 26, 2020. The task force was convened to develop an action plan for nursing homes to deal with any potential future outbreak of COVID-19 and must submit its recommendations to the governor by August 31, 2020. The task force was divided into four workgroups, with each focusing on a different element of a broad topic. The areas of focus for each workgroup include:

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1. Addressing the placement of COVID-19-positive individuals in nursing homes,
2. Maximizing availability and distribution of testing supplies and personal protection equipment (PPE),
3. Ensuring the health of nursing facility staff and providing for staff education on practices for mitigating the spread of infection, such as proper use of PPE, and
4. Quality of life of nursing home residents. This group examined visitation practices in nursing homes and focused on developing recommendations for how to address the feeling of social isolation among nursing home residents.

Regional Hubs

MDHHS established regional hubs to care for COVID-19-affected nursing home residents per EO 2020-50. While the department initially granted a regional hub designation to 20 facilities located in Southeast Michigan, additional Regional Hub designations were subsequently granted throughout the state in identified areas of need, with a peak capacity of 900 beds. As of August 26, 2020, only nine regional hub facilities remain in operation with a total capacity of 300 beds. Mr. Barrie indicated that the reduction in regional hub bed capacity is commensurate with the decline in the need for such care due to falling COVID-19 caseloads.

While the CHRT evaluation found that housing COVID-19-affected nursing home residents did not appear to contribute to an increased infection rate among the general nursing home population, MDHHS plans to implement changes to the operation of regional hub sites in the future based on CHRT recommendations, including revising the selection process for regional hub sites, increasing oversight and monitoring of regional hub operations, and clarifying the role of non-hub facilities in the care of COVID-19-affected nursing facility residents.

Long-Term Care Facility Visitation

A meeting attendee further addressed concerns about the effect of current visitation restrictions in all long-term care facilities on the quality of life among residents, and requested that the MCAC consider drafting a letter addressed to the governor and MDHHS leadership in support of revisions to current policy to allow opportunities for visitation by family members of residents. MDHHS staff and meeting attendees continued to discuss this issue at length. In response to the discussion by MCAC members, Kate Massey indicated that MDHHS staff are actively discussing the preliminary findings of the Nursing Home COVID-19 Preparedness Task Force workgroup on quality of life in nursing home residents to evaluate where it may be feasible to implement policy changes to address these concerns, and offered to provide updates to the MCAC as they are available on this process and other issues. Following discussion, meeting attendees agreed that a letter in support of Long-Term Care Facility visitation changes on behalf of the MCAC was not needed at this time.

MI Health Link Update

The MI Health Link demonstration for individuals who are dually eligible for Medicare & Medicaid is currently scheduled to sunset on December 31, 2020. To continue the demonstration, MDHHS has a tentative agreement in place for a one-year extension with the

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Integrated Care Organizations to provide services to beneficiaries who meet program eligibility criteria and is currently working through contract negotiations. Brian Barrie noted that while Centers for Medicare & Medicaid Services (CMS) staff have expressed support for the department's initial request for a five-year extension of the MI Health Link demonstration, federal authority for the program is currently set to expire in 2023. MDHHS is also working to incorporate several proposed program improvements into the MI Health Link demonstration beyond 2021. In response to the request from meeting attendees to review the list of proposed changes, Mr. Barrie offered to share the information with the MCAC prior to the formal stakeholder review process.

Provider Relief Fund

MDHHS staff shared that as part of the Coronavirus Aid, Relief and Economic Security (CARES) act, congress has authorized a designated Provider Relief Fund in the amount of \$175 billion to assist medical providers with both replacing lost revenue as a result of the COVID-19 health emergency and to assist providers in making preparations to continue to treat patients during this time. Included in this fund is a portion set aside for Medicaid and Children's Health Insurance Program (CHIP) providers. In addition to a PowerPoint presentation on the topic, meeting attendees were provided with copies of letters L 20-40, issued June 29, 2020, and L 20-53, issued August 18, 2020, which were released to all providers to share information on these available funds, and the documents were discussed. MDHHS staff additionally noted that following the release of the letters, the application deadline for relief funds was extended to September 13, 2020.

Medicaid and Special Program Enrollment Update

Jackie Prokop shared that due to the current health emergency, MDHHS has suspended the eligibility renewal process for all Medicaid programs. As a result of this and other factors, the department is experiencing higher-than-usual caseloads of Medicaid beneficiaries. To highlight the difference in caseload since the previous MCAC meeting, Ms. Prokop shared and discussed a copy of a report from the MDHHS-Data Warehouse that was compiled to compare caseload numbers from February 2020 to July 2020, broken down to reflect caseload numbers in the following individual programs:

- Family Related Medicaid,
- Children Under 21,
- Pregnant Women and Children,
- MIChild,
- Non-Supplemental Security Income (SSI) Aged, Blind, and Disabled,
- SSI Aged, Blind and Disabled,
- Healthy Michigan Plan,
- Total Medicaid Recipients,
- Family Independence Program,
- Food Assistance Program, and
- Child Day Care.

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COVID-19 Mitigation

Bill Mayer opened the discussion on immunization outreach by emphasizing the importance of lessening the impact of influenza and other preventable diseases through vaccination, and therefore ensuring that as many health care resources as possible are available for treatment of COVID-19-affected individuals. Following introduction, MDHHS staff shared a PowerPoint presentation with meeting attendees containing information on the state's immunization rates for influenza and other diseases, as well as the department's efforts to promote vaccine administration. The presentation also contained preliminary information on a potential COVID-19 vaccination that is currently in the process of development. MDHHS staff and meeting attendees discussed the issue of vaccine outreach at length.

Healthy Michigan Plan (HMP)

Delay October 1, 2020 Changes – 5% Premium, Loss of Coverage

Jackie Prokop announced that due to the COVID-19 health emergency, MDHHS has suspended implementation of the requirement for Healthy Michigan Plan (HMP) beneficiaries who have incomes above 100% of the federal poverty level and have been enrolled in HMP for 48 cumulative months to pay 5% of their income toward cost-sharing as a condition of continued enrollment in the program. Because of the health emergency, beneficiaries will only lose eligibility for HMP at this time if they are deceased, move out-of-state, or request to opt out of the program. As of August 26, 2020, no new implementation date has been set for these changes to HMP.

Behavioral Health Integration Update

Following the discontinuation of the Stakeholder298 process that was previously discussed with the MCAC, MDHHS staff have been working to develop a new approach to behavioral health and physical health integration. While the discussions are ongoing, work on this topic has largely been put on hold due to the COVID-19 health emergency to focus on pandemic response.

Flint Waiver Update

MDHHS has submitted an extension request for the Waiver for People Impacted by Flint Water, which is currently set to expire in February 2021. Up to this point, conversations with CMS have been constructive, and MDHHS staff expressed confidence in receiving approval for the extension request prior to the current program's expiration.

Future Agenda Items

Potential future agenda items that were discussed include:

- Follow-up on the work of the Nursing Home COVID-19 Preparedness Task Force, including efforts to address visitation policy in all long-term care facilities.

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- Updates on the development of a COVID-19 vaccine, as well as other vaccine updates.
- Discussion on the potential end of the current COVID-19 health emergency and plans to move forward with MDHHS policies and projects that have been put on hold during this time.

The meeting was adjourned at 4:06 p.m.



Michigan Department of Health and Human Services
Medical Services Administration

Medical Care Advisory Council

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Date: Thursday, November 12, 2020

Time: 1:00 p.m. – 4:30 p.m.

Where: Microsoft Teams Meeting

Attendees: **Council Members:** Alison Hirschel, Amber Bellazaire, April Stopczynski, Bill Mayer, Lisa Dedden Cooper, Pat Anderson (HCAM), David Herbel, Dominick Pallone, Farah Jalloul, Chris George (for Amy Hundley), Rebecca Blake, Deb Brinson, Barry Cargill, Dianne Haas, Jim Milanowski, Robert Sheehan, Kate Kohn-Parrott, Kim Singh

Staff: Allison Repp, Craig Boyce, Tom Curtis, Cheryl Decker, Pam Diebolt, Michael Dunn, Ashley Edwards, Elizabeth Gallagher, Sandra Greerbiehl, Kim Hamilton, Farah Hanley, Brian Keisling, Phil Kurdunowicz, Marie LaPres, Cindy Linn, Kate Massey, Roxanne Perry, Jackie Prokop, Katazyna Roelant, Mary Schrauben, Matthew Seager, Jacki Sproat, Sandhya Swarnavel, Jonathan Warsh, Lonnie Barnett, Mary Beth Kern-Collins, Christina Severin, Erin Emerson, Brenda Jegede

Other Attendees: Abby Darnell, Debra Darlin, Jill Alexander, Laura Houdenshell-Putt, Linda Jordan, Randy Walainis, Kathy Stiffler, Megan Vanderstelt, Kendall Troyer, Tiffany Stone, Cathy Sunlin

Welcome, Introductions, Announcements

Update on Medicaid Fiscal Accountability Regulation (MFAR) Letter sent from the Council

Following introductions, Alison Hirschel shared that a letter on behalf of the Medical Care Advisory Council (MCAC) was submitted to Michigan's Congressional delegation to formally request an increase in the Federal Matching Assistance Percentage (FMAP) rate and the rescission of MFAR. Following the submission of the letter, the FMAP rate increase has been granted, and MFAR has been rescinded.

Bill Mayer also thanked the members of the MCAC for submitting agenda items for the day's meeting.

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Budget Update

FY21 Budget Update

Farah Hanley reported that while the U.S. economy has recovered approximately half of the jobs that were lost since March 2020 as a result of the COVID-19 Public Health Emergency (PHE), all sectors of the Michigan economy in particular are still operating below February 2020 employment levels. As a result, while a balanced budget is in place for the current Fiscal Year (FY) 2021, the future revenue forecast, including the possibility of federal aid, remains highly uncertain as the state continues to plan for FY22, which begins on October 1, 2021. The Governor is expected to release an Executive Budget Recommendation for FY22 in February 2021. MDHHS staff and meeting attendees briefly discussed the potential impact of the recent electoral results at the federal level on any future federal aid to states.

Comprehensive Quality Strategy (CQS)

Staff from the Michigan State University Institute for Health Policy provided a PowerPoint presentation to meeting attendees regarding a CQS for Medicaid Managed Care programs (e.g., Medicaid Health Plans [MHPs], Integrated Care Organizations [ICOs], Prepaid Inpatient Health Plans [PIHPs], and Prepaid Ambulatory Health Plans [PAHPs]), and the document was discussed. Following the presentation, staff invited meeting attendees to ask questions, and indicated that formal written comments will be accepted until the close of business on Friday, November 20, 2020.

COVID-19 Mitigation

Robert Swanson, director of the Division of Immunization within MDHHS, provided an update on the Department's influenza vaccination efforts and preparations for administration of COVID-19 vaccinations when they become available. A PowerPoint presentation was provided, and the document was discussed at length. In response to an inquiry, Mr. Swanson indicated that there are no plans currently in place for MDHHS to issue a COVID-19 vaccine mandate for health care workers. In addition, meeting attendees raised other issues related to the administration of COVID-19 vaccinations, including the feasibility of maintaining social distancing in pharmacies that are administering COVID-19 vaccinations, and criteria for when the vaccine can be administered. In response, MDHHS staff indicated that the COVID-19 vaccine cannot be co-administered with the influenza vaccine and noted that while the Centers for Disease Control and Prevention (CDC) is not recommending COVID-19 testing prior to receiving a vaccine at this time, vaccinations will be deferred for individuals who appear to be ill.

Long-Term Care

Introduction of new staff

Kate Massey introduced Sarah Grivetti as the director of the Bureau of Long-Term Care

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Services and Supports.

Policy for Care and Recovery Centers (CRCs) to Treat COVID-19 Patients and Residents Requiring Nursing Facility Care

An update was provided on the implementation of Bulletin MSA 20-66 – COVID-19 Response: Policy for CRCs to Treat COVID-19 Patients and Residents. MSA 20-66 was issued on September 30, 2020 in response to the findings of the Center for Health and Resource Transformation (CHRT) that was convened by Executive Order (EO) 2020-135. To date, 17 applications have been received for facilities wishing to be designated as a CRC, which the Department is working to evaluate. MDHHS staff and meeting attendees discussed the policy at length, while meeting attendees were referred to the [MDHHS website](#) to review MSA 20-66 in detail.

Long-Term Care Facility Visitation

Indoor visitation with nursing facility residents is now permitted in counties with risk levels designated as A, B, C, or D as determined by the MI Safe Start plan, as long as the facility has no new COVID-19 cases among staff or residents in the previous 14 days. Indoor visits will not be allowed in counties with a risk level of “E”, (i.e., counties with greater than 150 daily COVID-19 cases per million or greater than 20% positive COVID-19 testing rate). As of November 12, 2020, most counties in Michigan are classified as risk level “E”. Visitors participating in “end-of-life” visits may have physical contact with a nursing home resident if the resident is not COVID-positive. Additionally, visitors may not be within six feet of a resident for longer than 15 minutes and must always wear personal protection equipment (PPE). MDHHS staff and meeting attendees continued to discuss this issue at length.

Home Help

As of September 2020, approximately 54,000 beneficiaries are receiving benefits from the Home Help Program. In response to an inquiry, Sarah Grivetti reported on the following demographic statistics among the Home Help beneficiary population:

- Gender:
 - 62% Female
 - 38% Male
- Race/Ethnicity:
 - 43% African American
 - 47% Caucasian
 - 1% Other

Other updates on the Home Help Program include:

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- On average, beneficiaries received a monthly Home Help benefit of \$552 in November 2019. Due to an enhancement in the direct care worker hourly wage of \$2 per hour that was instituted in response to the current PHE, the current average monthly Home Help benefit is now \$683 per individual.
- Between May 2020 and October 2020, the Home Help program received an average of 1,100 beneficiary referrals per month.
- As a service that is included as part of the Medicaid State Plan, the Home Help program benefit must be available to qualified beneficiaries statewide with no waiting list.
- The current FY21 budget allocation for the Home Help program is \$338 million. The FY22 budget request is expected to remain consistent with current program and enrollment needs.
- A meeting attendee inquired about the Department's efforts to meet the January 1, 2021 deadline for implementing an Electronic Visit Verification (EVV) system for the Home Help Program as established by the CARES act. In response, Kate Massey indicated that due to the current COVID-19 PHE there is no effort underway to implement this process by January 1, 2021, but that Congress is actively considering an extension to the deadline for states to comply with this requirement, and the State is considering the possible penalties for non-compliance if the deadline is not extended.

In response to a request, Ms. Grivetti offered to follow up with the MCAC via email with additional information on the Home Help program.

Supports for Homes for the Aged and Adult Foster Care Homes

On October 28, 2020, MDHHS issued an order establishing COVID-19 testing requirements for Homes for the Aged and Adult Foster Care Homes licensed for 13 or more beds. Under the terms of the order, facilities are required to:

- conduct initial COVID-19 testing of all staff and residents,
- immediately administer tests to staff or residents who show symptoms,
- conduct weekly COVID-19 testing in all regions in the event a positive case has been identified, until 14 days after the last positive COVID-19 test,
- administer weekly COVID-19 testing to all staff in counties with a risk level of A through E as identified by the MI Safe Start Map, and
- administer intake COVID-19 testing on all new or returning residents, as well as visitors.

The new testing requirements go into effect on November 18, 2020 for Homes for the Aged, while Adult Foster Care homes are required to begin initial COVID-19 testing on November 24, 2020, with weekly testing for staff and residents to begin on December 2, 2020. To facilitate testing, MDHHS will provide facilities with testing supplies, as well as reimbursement for all expenses incurred as a direct result of compliance with the testing requirements. Erin Emerson further clarified that COVID-19 testing will be administered free of charge to all visitors to Homes for the Aged and Adult Foster Care homes.

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MI Health Link Update

The MI Health Link program provides services to individuals age 21 and older who are enrolled in both Medicare and Medicaid and who reside in the Michigan counties of Barry, Berrien, Branch, Calhoun, Cass, Kalamazoo, Macomb, St. Joseph, Van Buren, Wayne, or any county in the Upper peninsula. The current contract for MI Health Link is set to expire on December 31, 2020, and due to the current COVID-19 PHE, CMS has granted a one-year extension for the MI Health Link demonstration with minimal changes to allow the health plans and providers to focus on COVID-19 response. As of October 2020, MDHHS has resumed stakeholder engagement activities to discuss potential changes to the MI Health Link Program that are intended to be part of a request for a multi-year extension of the demonstration. In addition, interactive dashboards containing information on MI Health Link enrollment are now available on the web at www.michigan.gov/mihealthlink.

Covid-19 Updates and Policies

Released 30 COVID-19 Policies

To date, MDHHS has released 30 new policy changes related to the COVID-19 PHE, with additional related policy changes in process. Medicaid policies are available [here](#) on the MDHHS website.

Impact of Supreme Court Decision on Policies

On October 2, 2020, the Michigan Supreme Court ruled that the Governor did not possess authority under the Emergency Management Act of 1976 to declare states of emergency and disaster as it relates to the new coronavirus pandemic after April 30, 2020. As a result of this ruling, MDHHS staff examined a total of 70 policies and Medicaid L-Letters that had been issued in response to the COVID-19 PHE to assess the impact of the ruling on the state's authority for implementing policy changes. After review, staff found that only six policies were directly impacted by the Supreme Court ruling, as many policies that had cited the governor's executive orders had been previously rescinded or were ultimately dependent on federal authority for implementation. Of the six policies that were impacted by the Supreme Court ruling, MSA staff expressed confidence that MDHHS maintains authority to implement these policies as a result of:

- New legislation (e.g., Public Act 244 and 245),
- Epidemic orders issued by the MDHHS director, and
- Existing authority through state law or federal regulation.

Vaccine Services Updates

MDHHS staff discussed bulletin MSA 20-65, issued on October 14, 2020. MSA 20-65 was issued to provide general updates regarding vaccines in response to the COVID-19 pandemic.

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Recission of Out Of State Providers, Nursing Students Requirements

In response to Executive Order 2020-61, MDHHS issued bulletin MSA 20-28 on April 30, 2020 and bulletin MSA 20-41 on June 29, 2020, which temporarily suspended certain provider enrollment requirements and restrictions and requirements of the Michigan Public Health Code to, in part, allow out-of-state providers licensed and in good standing in their home states to receive Medicaid reimbursement while providing services in certain designated health care facilities in Michigan. MSA 20-28 was issued to address suspending these requirements for certain practitioner groups, while MSA 20-41 was addressed specifically to Private Duty Nursing and hospice providers, which also allowed nursing students enrolled in accredited nursing programs to become licensed, registered, or certified health care professionals to be employed by a hospice agency.

On July 13, 2020, the Governor rescinded Executive Order 2020-61. In response, MDHHS issued bulletin MSA 20-56 on August 12, 2020, which rescinded the portions of MSA 20-28 regarding out-of-state licensed providers, enrollment of ordering providers, and supervision, delegation, and practice agreements effective July 13, 2020. In addition, bulletin MSA 20-61 was issued on September 30, 2020 to rescind portions of MSA 20-41 related to out-of-state licensed health care professionals and nursing students effective July 13, 2020.

In response to an inquiry, MDHHS staff noted that only one out-of-state provider took advantage of the enrollment flexibilities offered by Executive Order 2020-61 to provide services in Michigan during the effective period of the order.

Michigan Coronavirus Taskforce on Racial Disparities

Newly established Office of Race, Equity, Diversity, and Inclusion

Brenda Jegede from the MDHHS office of Equity and Minority Health gave a presentation on racial equity in the COVID-19 response by MDHHS. A PowerPoint presentation was provided and the document was discussed. In response to a request, Ms. Jegede offered to share the PowerPoint presentation with meeting attendees via email. MDHHS staff and meeting attendees continued to discuss this issue at length.

Healthy Michigan Plan (HMP)

Caseload Growth, Addressing Future Enrollment Issues

Jackie Prokop reminded meeting attendees that MDHHS has suspended the HMP eligibility renewal process for currently enrolled beneficiaries for the duration of the COVID-19 PHE. During this time, HMP beneficiaries may only lose eligibility if they move out of state or if their initial eligibility status is determined to have been fraudulent. As a result of suspending eligibility redeterminations, there are currently 824,481 beneficiaries enrolled in HMP, compared to 694,731 enrolled beneficiaries in February 2020. Because the eligibility redetermination process is suspended for the duration of the COVID-19 PHE, MDHHS has

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also delayed planned implementation of a new requirement for HMP beneficiaries with incomes above 100% of the federal poverty level and who have been enrolled in HMP for more than 48 cumulative months to complete a Health Risk Assessment, engage in a Healthy Behavior, and contribute 5% of their income toward cost-sharing as a condition of continued enrollment in HMP.

A meeting attendee asked if there is data available to determine if HMP enrollment is commensurate with the number of eligible individuals in the State of Michigan, and if the Department is continuing to conduct outreach to increase awareness about HMP among potentially eligible individuals. In response, MDHHS staff indicated that the Department has no plans to conduct additional outreach at this time, due in part to the suspension of eligibility redeterminations for the duration of the COVID-19 PHE, as well as a decline in new monthly enrollments that immediately preceded the PHE.

General Updates

A meeting attendee acknowledged the potential for the first COVID-19 vaccines to be released prior to the next MCAC meeting on February 24, 2021 and inquired about the possibility of putting together an interim meeting to discuss the roll-out process with MDHHS staff and other members of the MCAC. In response, MDHHS staff indicated that Robert Swanson facilitates regular town hall meetings to update other stakeholders on the progress of COVID-19 vaccinations and offered to reach out and connect him with the MCAC for inclusion.

Bill Mayer expressed concern about the potential for the upcoming holidays to contribute to an increase in COVID-19 infections, especially as it relates to the potential for health care capacity.

In response to an inquiry, MDHHS staff indicated that the Department is in the process of submitting a waiver amendment to extend Medicaid coverage for pregnant women to 12 months post-partum. In addition, MDHHS issued bulletin MSA 20-67 on October 12, 2020 to extend coverage of behavioral health services to Maternity Outpatient Medical Services (MOMS) beneficiaries, but that implementation of the policy is contingent upon approval of a Children's Health Insurance Program (CHIP) State Plan Amendment (SPA).

Future Agenda Items

A meeting attendee suggested that the MCAC continue to discuss vaccination efforts at the February 24, 2021 meeting. In addition, Alison Hirschel invited council members to continue to submit agenda topics via email prior to the next meeting.

The meeting was adjourned at 4:23 p.m.

Next Meeting: February 24, 2021